Army Public Health Nursing
Essential Services Status Report

Version 1.4
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Army Public Health Nursing (APHN) is currently re-defining the practice and scope of services in accordance with Army Transformation and Army Preventive Medicine updated services requirements; American Nursing Association (ANA) standards; and the core functions and essential services outlined by the Association of State and Territorial Directors of Nursing Public Health Nursing Practice Model (ASTDN, 2003).

The Army Public Health Nursing Essential Services Status Report has been developed as a foundation for:

- driving APHN practice responsibilities
- capturing APHN Services metrics/trends
- driving resource requirements
- determining the impact of APHN Services and the risks if APHN Services are not performed.

Army Public Health Nursing defined:

The American Nurses Association (1980) defined professional nursing as the "The diagnosis and treatment of human responses to actual or potential health problems."

According to Stanhope and Lancaster (2004), a distinct difference between community health nursing and public health nursing practice exists.

"Community health nursing is the synthesis of nursing theory and public health theory applied to promoting, preserving, and maintaining the health of populations through the delivery of personal health care services to individuals, families and groups. The focus of community health nursing practice is the health of individuals, families, and groups and the effect of their health of the community as a whole**."**

"Public health nursing practice is the synthesis of nursing theory and public health theory applied to promoting and preserving the health of populations. The focus of public health nursing is the community as a whole and the effect of the community's status (including health care resources) on the health of individuals, families and groups. Care is provided within the context of preventing disease and disability and promoting and protecting the health of the community as a whole." (Stanhope & Lancaster, 2004)

Based on these definitions, the **Army's Public Health Nursing (APHN)** practice has become a synthesis of community health and public health nursing that occurs in a military environment.

Army Public Health Nursing Essential Services Status Report:

The Army Public Health Nursing Essential Services Status Report is built on the National Public Health Performance Standards Program (NPHPSP) (see http://www.cdc.gov/od/ocphp/nphpsp/index.htm); specifically, on the Local Public Health System Performance Assessment Instrument (see http://www.cdc.gov/od/ocphp/nphpsp/Documents/Local_v_1_OMB_0920-0555.pdf). The NPHPSP is framed on the Public Health Essential Services noted below:

PUBLIC HEALTH ESSENTIAL SERVICES

Essential Service # 1: Monitor Health Status to Identify Community Health Problems

Essential Service # 2: Diagnose and Investigate Health Problems and Health Hazards in the Community

Essential Service # 3: Inform, Educate, and Empower People about Health Issues

Essential Service # 4: Mobilize Community Partnerships to Identify and Solve Health Problems

Essential Service # 5: Develop Policies and Plans that Support Individual and Community Health Efforts

Essential Service # 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Essential Service # 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

Essential Service # 8: Assure a Competent Public and Personal Health Care Workforce

Essential Service # 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Essential Service # 10: Research New Insights and Innovative Solutions to Health Problems

Instructions for Inputting Responses into the Army POEHMS for APHN Practice:

The Army Public Health Nursing Essential Services Status Report is divided into ten sections correlating to the ten Essential Services. Each Essential Service section is then divided into several outcome indicators. The **indicators** identify major components of the Essential Services for APHN Programs. Associated with each indicator are **model standards** that describe aspects of optimum performance for APHN. Overall, these model standards represent expert opinion concerning actions and capacities that are needed for a high performing local public health system. These standards have been adapted to reflect a high performing APHN Service.

A series of assessment questions serving as **measures** of performance follow each model standard. In general, each measure has four possible response options associated with it. As the APHN Service respondents answer each question, they should determine the response that best fits the current level of activity. The response options are described below.

The majority of the response options are as follows:

Yes	More than 75 percent of the activity described within the question was met.
High Partially	More than 50 percent, but no more than 75 percent of the activity described within the question was met.
Low Partially	More than 25 percent, but no more than 50 percent of the activity described within the question was met.
No	No more than 25 percent of the activity or resource described within the question was met.

There are some questions with responses that do not meet this description; these responses will be displayed accordingly.

Acknowledgement: The National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) were principal players in developing the NPHPSP instrument. Other collaborative partners included the Association of State and Territorial Health Officials, the National Association of Local Boards of Health, the American Public Health Association, and the Public Health Foundation. Academic partners representing the Association of Schools of Public Health also made considerable contributions.

NOTE: Blue underlined words are defined in the glossary at the end of this document.

References:

American Nurses Association (ANA). *Nursing: A Social Policy Statement.* Washington, DC: American Nurses Association, 1980.

Association of State and Territorial Directors of Nursing. *Public Health Nursing: A Partner for Healthy Populations.* Washington, DC; American Nurses Publishing, 2003.

American Nurses Association (ANA). *Nursing Information & Data Set Evaluation Center (NIDSEC).* Retrieved 1 June 2005, from http://www.ana.org/nidsec/.

Columbia University School of Nursing Center for Health Policy [supported by Centers for Disease Control and Prevention/Association of Teachers of Preventive Medicine Cooperative Agreement # TS 0740], *Bioterrorism & Emergency Readiness*, November 2002.

Department of Defense. Department of Defense Directive 1010.10, Health Promotion and Disease/Injury Prevention, 22 August 2003.

Department of the Army, AR 40-5, Preventive Medicine, 15 October 1990.

Department of the Army. AR 600-63, Army Health Promotion, 28 April 1996.

Department of Health and Human Services, Centers for Disease Control and Prevention. *National Public Health Performance Standards Local Public Health System Performance Assessment Instrument Assessment Instrument.* Retrieved 1 June 2005, from http://www.phppo.cdc.gov/nphpsp/TheInstruments.asp.

Department of Health and Human Services, Centers for Disease Control and Prevention. *Prevention Public Health Information Network (PHIN).* Retrieved 1 June 2005, from http://www.cdc.gov/phin/index.html.

Public Health Nursing Section, Public Health Interventions - Applications for Public Health Nursing Practice. St. Paul: Minnesota Department of Health, 2001. Retrieved 1 June 2005 from http://www.health.state.mn.us/divs/chs/phn/interventions.html.

Stanhope, M., & Lancaster, J: Community & Public Health Nursing, 6th Edition. St. Louis, MO; Mosby, 2004.

Additional References:

Institute of Medicine (IOM). *The Future of Public Health.* Washington, DC; National Academy Press, 1988.

Institute of Medicine (IOM). *The Future of Public Health in the 21st Century.* Washington, DC: National Academy Press, 2003.

Pickett, G., & Hanlon, J: *Public Health Administration and practice, 9th Edition.* St. Louis, MO; Time Mirror/Mosby College Publishing, 1990.

Essential Service # 1: Monitor Health Status to Identify Community Health Problems

For the Army Public Health Nurse (APHN), this service includes:

- Accurate, periodic assessment of the community's health status, including:
  - Identification of health risks and determination of public health needs of the military community.
  - Attention to the vital statistics and health status of groups that are at higher risk than the total population (e.g., maternal/child health population, Exceptional Family Member Program (EFMP), Human Immunodeficiency Virus (HIV), single/deployed-parent households, etc.).
  - Attention to military specific/related health statistics, in order to promote military readiness, response, recovery, reconstition and redeployment – for soldiers and their families/all military beneficiaries.
  - Attention to DOD Priority Health Indicators (e.g., DODD 1010.10, 22 August 2003, Healthy People Leading Health Indicators).
  - Identification of community assets and resources that support the local public health system in promoting health and improving quality of life.

- Utilization of appropriate methods and technology to interpret and communicate data to diverse audiences.

- Collaboration among community health stakeholders to establish and use population health information systems, such as disease or immunization registries.

Indicator 1.1 Community Health Assessment

APHN Model Standard:

The community health assessment may include data from various sources and measures related to health status and health risk at individual and community levels including: demographic and socioeconomic characteristics; health resource availability; medical treatment facility (MTF) inpatient and outpatient, and troop medical clinic (TMC) outpatient health visit statistics; deployment health information; Exceptional Family Member Program (EFMP)/Special Needs Resource Team (SNRT) data; quality of life; behavioral risk factors; environmental health indicators; social and mental health; maternal and child health; unplanned pregnancy/paternity; death, illness, and injury; communicable disease; and sentinel events. The community assessment displays information about trends in health status, along with associated risk factors and health resources.
Local measures are compared with peer, state, regional, Department of the Army (DA), Department of Defense (DOD) and national benchmarks. Data and information are displayed in multiple formats for diverse audiences. Data included in the community health assessment are accurate, reliable, and consistently interpreted according to the science and evidence-base for public health practice.

A standard for community assessments will help APHN to determine community "acuity-level."

To accomplish this, Army Public Health Nursing Services:

- Conducts regular community health assessments to monitor progress towards health-related objectives.
- Periodically updates the community health assessment.
- Promotes use of the community health assessment data for the benefit of the military community in the area of responsibility/catchment area.

Please answer the following questions related to Indicator 1.1:

1.1.1 Has the Army Public Health Nursing Section conducted a community health assessment?

If no, go to: 1.1.1.29

If so,

1.1.1.1 Is the community health assessment updated at periodic intervals?
If so,
Is the community health assessment updated

__1.1.1.1.1 Annually?
__1.1.1.1.2 Every 2 years?
__1.1.1.1.3 Every 5 years?
__1.1.1.1.4 After 5 or more years?
__1.1.1.1.5 No documented previous community health assessment available?

1.1.1.2 Are data from the assessment compared to data from other representative areas or populations?
If so, are health status data compared with data from:

1.1.1.2.1 Peer (demographically similar) civilian communities?
1.1.1.2.2 The state?
1.1.1.2.4 The nation?
1.1.1.2.5 Peer (demographically similar) Army installations?
1.1.1.2.6 The respective Army Region?
1.1.1.2.7 The Army?
1.1.1.2.8 The DoD?
1.1.1.2.9 Other _____

If no, why:
1.1.1.2.10 Didn't know this was something I should do?
1.1.1.2.11 Don't have the data?
1.1.1.2.12 Never been trained to do this?
1.1.1.2.13 Not enough personnel resources to do this?

1.1.1.2.14 Not a Command priority?
1.1.1.2.15 Lack of information system support?
1.1.1.2.16 Other specify _____?

1.1.1.3 Does the APHN use data from community health assessments to monitor progress toward health-related objectives?

If so, do those objectives include:

1.1.1.3.1 Healthy People 2010 objectives?
1.1.1.3.2 State-established health priorities?
1.1.1.3.3 Locally-established civilian health priorities?
1.1.1.3.4 Measures from the Health Plan Employer Data and Information Set (HEDIS)?
1.1.1.3.5 Other health-related objectives_____?
1.1.1.3.6 DOD Directive 1010.10, "Health Promotion and Disease/Injury Prevention," August 22, 2003 objectives?
1.1.1.3.7 Local Army Preventive Medicine established health objectives?
1.1.1.3.8 Local Army Public Health Nursing established health objectives?
1.1.1.3.9 Respective Regional Preventive Medicine health objectives?
1.1.1.3.10 Respective Regional APHN Service health objectives?
1.1.1.3.11 Army Installation Health Promotion Council objectives?
1.1.1.3.12 Army Well-Being objectives?

1.1.2 Does the APHN compile data from the community health assessment(s) into a community health profile document such as for Army Well-Being, Installation Health Promotion Council?

If so,

1.1.2.1 Are community health assessment data used to track trends over time?
1.1.2.2 Does the community health assessment include data from a local surveillance system?
1.1.2.3 Does the APHN have adequate resources to maintain the community health assessment?

1.1.3 Does the APHN have access to community demographic characteristics?
If so,

1.1.3.1 Are these data used in the community health assessment?
1.1.3.2 What are the primary sources of this data? _____
1.1.3.3 Additional Comments _____
_____

1.1.4 Does the APHN have access to community socioeconomic characteristics?
If so,

1.1.4.1 Are these data used in the community health assessment?
1.1.4.2 What are the primary sources of this data? _____
_____
1.1.4.3 Additional Comments_____
_____

1.1.5 Does the APHN have access to health resource availability data?
If so,

1.1.5.1 Are these data used in the community health assessment data?
1.1.5.2 What are the primary sources of this data? _____
_____
1.1.5.3 Additional Comments _____
_____

1.1.6 Does the APHN have access to quality of life data for the community?
If so,

1.1.6.1 Are these data used in the community health assessment?
1.1.6.2 What are the primary sources of this data? _____
_____
1.1.6.3 Additional Comments _____
_____

1.1.7 Does the APHN have access to behavioral risk factors for the community?
If so,

1.1.7.1 Are these data used in the community health assessment?
1.1.7.2 What are the primary sources of this data? _____
_____
1.1.7.3 Additional Comments _____
_____

1.1.8 Does the APHN have access to community environmental health indicators?
If so,

1.1.8.1 Are these data used in the community health assessment?
1.1.8.2 What are the primary sources of this data? _____
_____
1.1.8.3 Additional Comments _____
_____

1.1.9 Does the APHN have access to social and mental health data?
If so,

1.1.9.1 Are these data used in the community health assessment?
1.1.9.2 What are the primary sources of this data? _____
_____

1.1.9.3 Additional Comments _____
_____

1.1.10 Does the APHN have access to maternal and child health data?
If yes or partially high,
1.1.10.1 Are these data used in the community health assessment?
1.1.10.2 What are the primary sources of this data? _____
_____
1.1.10.3 Additional Comments _____
_____

1.1.11 Does the APHN have access to death, illness, and/or injury data?
If so,
1.1.11.1 Are these data used in the community health assessment?
1.1.11.2 What are the primary sources of this data? _____
_____
1.1.11.3 Additional Comments _____
_____

1.1.12 Does the APHN have access to communicable disease data?
If so,
1.1.12.1 Are these data used in the community health assessment?
1.1.12.2 What are the primary sources of this data? _____
_____
1.1.12.3 Additional Comments _____
_____

1.1.13 Does the APHN have access to sentinel events data for the community?
If so,
1.1.13.1 Are these data used in the community health assessment?
1.1.13.2 What are the primary sources of this data? _____
_____
1.1.13.3 Additional Comments _____
_____

1.1.14 Is community-wide use of community health assessment data promoted, for example, by Army Installation Health Promotion and / or Army Well-Being Councils?

1.1.15 Does the APHN have access to Deployment Cycle Support/Deployment Health Data?
If so,
1.1.15.1 Are these data used in the community health assessment?
1.1.15.2 What are the primary sources of this data? _____
_____
1.1.15.3 Additional Comments _____
_____

1.1.16 Does the APHN have access to MTF and TMC Top 20 Diagnostic Related Group (DRG) data for inpatient/outpatient visits?
If so,

1.1.16.1 Are these data used in the community health assessment?
1.1.16.2 What are the primary sources of this data?_____
_____
1.1.16.3 Additional Comments _____
_____

1.1.17 Does the APHN have access to Family Advocacy Program (FAP) data?
If so,

1.1.17.1 Are these data used in the community health assessment?
1.1.17.2 What are the primary sources of this data? _____
_____
1.1.17.3 Additional Comments _____
_____

1.1.18 Does the APHN have access to Military Police "blotter data" and / or other crime statistics (for general information on crime trends)?
If so,

1.1.18.1 Are these data used in the community health assessment?
1.1.18.2 What are the primary sources of this data? _____
_____
1.1.18.3 Additional Comments _____
_____

1.1.19 Does the APHN have access to Exceptional Family Member Program (EFMP) data?
If so,

1.1.19.1 Are these data used in the community health assessment?
1.1.19.2 What are the primary sources of this data? _____
_____
1.1.19.3 Additional Comments _____
_____

1.1.20 Does the APHN have access to Child and Youth Services Program Special Needs Resource Team (SNRT) data?
If so,

1.1.20.1 Are these data used in the community health assessment?
1.1.20.2 What are the primary sources of this data? _____
_____
1.1.20.3 Additional Comments _____
_____

1.1.21 Does the APHN have access to Family Readiness Group priorities/concerns data?
If so,

1.1.21.1 Are these data used in the community health assessment?
1.1.21.2 What are the primary sources of this data? _____
_____
1.1.21.3 Additional Comments _____
_____

1.1.22 Does the APHN have access to Installation Chaplain priorities/concerns data?
If so,

1.1.22.1 Are these data used in the community health assessment?
1.1.22.2 What are the primary sources of this data? _____
_____
1.1.22.3 Additional Comments _____
_____

1.1.23 Does the APHN have access to Installation Management Agency (IMA) data?
If so,

1.1.23.1 Are these data used in the community health assessment?
1.1.23.2 What are the primary sources of this data? _____
_____
1.1.23.3 Additional Comments _____
_____

1.1.24 Does the APHN have access to data for evaluation of the effectiveness of health program strategies/programs?
If so,

1.1.24.1 Are these data used in the community health assessment?
1.1.24.2 What are the primary sources of this data? _____
_____
1.1.24.3 Additional Comments _____
_____

1.1.25 Does the APHN have access to data on interventions for special populations?
If so,

1.1.25.1 Are these data used in the community health assessment?
1.1.25.2 What are the primary sources of this data? _____
_____
1.1.25.3 Additional Comments _____
_____

1.1.26 Does the APHN have Health Care Provider/Professional interview data/reports on health trends/risks?

If so,

1.1.26.1 Is this interview data/information used in the community health assessment?

1.1.26.2 Additional comments _____

_____

1.1.27 Does the APHN have Commander's/Senior NCO Leadership interviews for reports on health trends/risks?

If so,

1.1.27.1 Is this interview data/information used in the community health assessment?

1.1.27.2 Additional comments _____

_____

1.1.28 If APHN has conducted a community health assessment:

1.1.28.1 What community assessment tool was used?

1.1.28.1.1 Planned Approach to Community Health (PATCH)?

1.1.28.1.2 Assessment Protocol for Excellence in Public Health (APEXPH)?

1.1.28.1.3 Mobilizing Action through Planning and Partnerships (MAPP)?

1.1.28.1.4 Community As Partner?

1.1.28.1.5 Other, specify _____

1.1.28.2 Is the tool automated?

If so, what software systems are you using?

1.1.28.2.1 MS Excel?

1.1.28.2.2 MS Access?

1.1.28.2.3 MS Word?

1.1.28.2.4 Other, specify _____

1.1.29 If no, indicate all the reasons why:

1.1.29.1 Not a Command Priority?

1.1.29.2 Not enough resources?

1.1.29.3 No Army Standard?

1.1.29.4 No supporting data systems?

1.1.29.5 Never been an expectation?

1.1.29.6 Never been trained to conduct a community assessment?

1.1.29.7 Other, specify _____

_____

Indicator 1.2: Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Community Health Data

APHN Model Standard:

Community health data are presented in formats that allow for clear communication and interpretation by end users. Such formats include graphed trend data that allow for comparisons over time by relevant variables such as gender, race, and geographic/unit designation.

Tools such as geographic information systems (GIS) are used to combine geography, data, and computer mapping to support the exploration of spatial relationships, patterns, and trends in health data. (The use of zip codes / other address information to capture locations / distribution of incidents/prevalence of conditions related to assessed populations is an example of using geographic information for the management of public health issues.) The use of UIC coded data is a way to analyze, track and manage health related data by military unit.

The American Nurses Association (ANA) established the Nursing Information and Data Set Evaluation Center (NIDSEC) "…to review, evaluate against defined criteria, and recognize information systems that support documentation of nursing care." Utilization of systems that meet NIDSEC criteria is important in order for Public Health Nurses to capture, manage and communicate nurse sensitive data/information. Source: ANA Nursing Information & Data Set Evaluation Center website available at http://www.ana.org/nidsec/.

The Public Health Information Network (PHIN) was established as "a national initiative to implement a multiorganizational business and technical architecture for public health information systems." Source: Centers for Disease Control and Prevention Public Health Information Network (PHIN) homepage available at http://www.cdc.gov/phin/index.html.

To accomplish this, the APHN:

- Uses state-of-the-art technology to collect, manage, integrate, and display health profile databases.
- Uses systems that meet Nursing Information & Data Set Evaluation Center (NIDSEC) criteria.
- Uses systems that meet Public Health Information Network (PHIN) standards.

Please answer the following questions related to Indicator 1.2:

1.2.1 Does the APHN use state-of-the-art technology to support management of community health databases?
If so, does the APHN use state-of-the-art technology to:

1.2.1.1 Collect community health assessment database information?
1.2.1.2 Manage community health assessment databases?

1.2.1.3 Integrate community health assessment databases?
1.2.1.4 Display community health assessment database information?

1.2.2 Does the APHN have access to geocoded health data?

1.2.4 Does the APHN use computer-generated graphics to identify trends and/or compare data by relevant categories (i.e., race, gender, age group)?
1.2.4.1 If so, additional comments
_____
_____

1.2.5 Is the information in the community health assessment available in an electronic version?
1.2.5.1 If so, which system(s) is/are used?
_____

1.2.7 Does the APHN use UIC coded data?
1.2.7.1 If so, which information systems are used for UIC coded data?
_____

1.2.8 Do you have information systems that support monitoring health trends in the community?
If so, what information systems/software are currently used for data capture / trends analysis?

1.2.8.1 CHCS II?
1.2.8.2 Access?
1.2.8.3 Reportable Medical Events System (RMES)?
1.2.8.4 Excel?
1.2.8.5 Epi Info?
1.2.8.6 Problem-Knowledge Couplers (PKC)?
1.2.8.7 MHS Portal?
1.2.8.8 SPSS?
1.2.8.9 Health Assessment Review Tool w/Readiness (HART-R)?
1.2.8.10 CHCS I?
1.2.8.11 Integrated Clinical Data Base (ICDB)?
1.2.8.12 Electronic Surveillance System for Early Notification of Community-Based Epidemics (ESSENCE)?
1.2.8.13 Other, specify _____?

1.2.9 Does the APHN have access to information systems that meet NIDSEC standards?
If so, list which systems
1.2.9.1_____?

1.2.10 Does the APHN have access to information systems that meet PHIN standards?

1.2.10.1 If so, which systems _____?

Indicator 1.3: Maintenance of Community Health Registries

APHN Model Standard:

Community health registries track health-related events such as disease patterns and preventive health services delivery (e.g., LTBI registry, etc.)

Data is collected for registries in accordance with standards that assure comparability of data. Collaboration among multiple partners facilitates the aggregation of individual data to compile a community health registry used to inform policy decisions, program implementation, and community research.

To accomplish this, the APHN:

- Maintains and regularly contributes to community health registries using established criteria to report identified health events.

- Uses information from one or more population health registries.

Please answer the following questions related to Indicator 1.3:

1.3.1 Does the APHN maintain and/or contribute to one or more community health registries? If so,

1.3.1.1 Are there standards for data collection?
If so, what kind of standards are being used
1.3.1.1.1 NIDSEC
1.3.1.1.2 PHIN
1.3.1.1.3 ICD-9
1.3.1.1.4 Locally established
1.3.1.1.5 Other _____?

1.3.1.2 Are there established criteria and processes for reporting health events to the registry or registries?
If so, are systems in place to ensure:

1.3.1.2.1 Accurate reporting?
1.3.1.2.2 Timely reporting?
1.3.1.2.3 Unduplicated reporting?

If so, does the APHN have access or contribute to a registry for:
1.3.1.3 Immunization status of children?
1.3.1.4 Immunization status of adults?
1.3.1.5 Cancer?
1.3.1.6 Syphilis serology?
1.3.1.7 Newborn screening?
1.3.1.8 Birth defects and developmental disabilities?

1.3.1.9 Trauma?
1.3.1.10 Occupational injury?
1.3.1.11 Environmental exposures?
1.3.1.12 Deployment health?
1.3.1.13 Family Advocacy Program?
1.3.1.14 Exceptional Family Member Program?
1.3.1.15 Special Needs Resource Team?
1.3.1.16 Other _____?

1.3.2 In the past year, has the APHN used information from one or more community health registries?

If so, is information used to:

1.3.2.1 Inform policy decisions?
1.3.2.2 Design and implement programs?
1.3.2.3 Conduct community research?

1.3.4 What community health registries does the APHN maintain?

1.3.4.1 Tuberculosis?
1.3.4.1.1 Is the registry automated?
If so,
1.3.4.1.1.1 What information system(s) is/are used for the registry and if so do they meet your information management needs?
__1.3.4.1.1.1.1 Paper-based?
__1.3.4.1.1.1.2 Excel?
__ 1.3.4.1.1.1.3 Access?
__1.3.4.1.1.1.4 Epi Info?
__1.3.4.1.1.1.5 Other, specify _____
1.3.4.1.1.2 How would you rate the quality of your supporting information system(s) for the Tuberculosis registry?

1.3.4.2 Sexually Transmitted Infections (STI)?
1.3.4.2.1 Is the registry automated?
If so,
1.3.4.2.1.1What information system(s) is/are used for the registry?
__1.3.4.2.1.1.1 Paper-based?
__1.3.4.2.1.1.2 Excel?
__1.3.4.2.1.1.3 Access?
__1.3.4.2.1.1.4 Epi Info?
__1.3.4.2.1.1.5 Other, specify _____
1.3.4.2.1.2 How would you rate the quality of your supporting information systems for the STI registry?

1.3.4.3 Animal Bite/Scratch?

1.3.4.3.1Whatinformation system(s) is/are used for Animal Bite/Scratch?

__1.3.4.3.1.1Paper-based?

__1.3.4.3.1.2Excel?

__1.3.4.3.1.3Access?

__1.3.4.3.1.4 Epi Info?

__1.3.4.3.1.5 Other, specify_____

1.3.4.3.2 How would you rate the quality of your supporting information systems for Animal Bite/Scratch?

1.3.4.4 Climatic Injuries (heat/cold weather injuries)?
1.3.4.5 Hepatitis?
1.3.4.6 Childhood Lead?
1.3.4.7 Special Needs Resource Team Health?
1.3.4.8 HIV/AIDS?
1.3.4.9 Reportable Medical Events System (RMES)?
1.3.4.10 Malaria?
1.3.4.11 West Nile Virus?
1.3.4.12 Acute Respiratory Conditions?
1.3.4.13 MEDPROS/MODS?
1.3.4.14 Annual Influenza Vaccination Program?
1.3.4.15 Smallpox Vaccination Program?
1.3.4.16 Deployment Health?
1.3.4.17 Climatic Injuries?
1.3.4.18 Outbreak Management System (OMS)?
1.3.4.19 Tobacco Cessation?
1.3.4.20 Childhood Obesity?
1.3.4.21 Pregnancy PT Program?
1.3.4.22 Other, specify _____

1.3.5. What is the total number of health registries primarily maintained by APHN Section?

EXISTING WORKLOAD METRICS ASSOCIATED WITH ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems

A. Community Health Nursing Template

Work Load Factor (WLF) 1: Maternal / Child

1.c. Maternal/Child Health [No. of Active Duty and Beneficiary Women x .065 x 2 hours / 1740]

Variables	Values	Data Source
No. active duty (AD) & Beneficiary Women in Population	0	MCFAS
Rate of Pregnancy in the Population	0.065	CHCS
Hours Needed for Assessment	2	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
TOTAL FTEs required		

WLF 5: Community Health Assessment / Population Health

[Additative Factor of Y Per Year based on beneficiary population]

Variables	Values	Data Source
< 50,000 = 75 hours	0	MCFAS
50,000-100,000 = 100 hours	0	MCFAS
> 100,000 = 160 hours	0	MCFAS
TOTAL FTE required		

(This WLF accounts for the collection of data that allows for the identification of the health risks to the population through the use of analysis of the HEAR/other health assessment tool (e.g., HART-R), Emergency Room data, locally developed surveillance forms, etc. to determine what programs need to be offered in a given year to address the needs of the population.)

B. Health Promotion and Wellness Center Template

WLF 1: Health Promotion and Wellness Center: Inprocessing and HEAR/HART-R Assessment

1.1. Inprocessing Activities
(((Active Duty Workforce + Beneficiaries) / 3)) x factor of 7 minutes) / 1740)

Variables	Values	Data Source
AD Workforce	0	ASIP / DMDC
AD Family Members	0	MCFAS
Turnover Rate of AD + Beneficiaries	3	
Hours for In-Processing	0.07	PM Workload Database
Manpower Standard (1740 hours/year)	1740	
TOTAL FTE required		

1.2 HART-R Assessment
(Active Duty Workforce + Beneficiaries) / 60 (minutes) x 15 minutes per HART-R) / 1740)

Variables	Values	Data Source
AD Workforce		ASIP/DMDC
Beneficiaries		MCFAS
Analysis Factor	0.25	
Manpower Standard (1740 hours/year)	1740	PM Workload Database
TOTAL FTE required		

Activities include data analysis of contractor generator wellness and PCM reports, queries, assessments, etc.

C. Epidemiology and Disease Control Template

WLF 1: Surveillance and Mass Screening

1.1 Surveillance Systems
((Number of Systems x 12 hours (includes management of the systems, analysis, reporting x quality checks) x 12 months / 1740))

Variables	Values	Data Source
Number of Systems	0	Section Logs
Hours per year	144	PM Workload Database
Manpower Standard (1740 hours/year)	1740	
TOTAL FTE required		

e.g., MEDPROS analysis, Animal Bites, RMES, “Respond,” needle stick, etc.

Essential Service # 2: Diagnose and Investigate Health Problems and Health Hazards in the Community

For the APHN, this service includes:

- Army Public Health Nurses conduct epidemiological investigations of disease outbreaks and patterns of infectious; targeted chronic diseases and injuries; environmental hazards, and other health threats.
- Conduct/supports active infectious disease epidemiology programs.
- Access to a public health laboratory capable of conducting rapid screening and high volume testing.
- Conducts disease and other health event investigations for reportable conditions and other issues of public health importance.

Indicator 2.1: Identification and Surveillance of Health Threats

APHN Model Standard:
Surveillance systems are designed and maintained to monitor health events, to identify changes or patterns, and to investigate underlying causes or factors. Surveillance data are used to assess and analyze health problems and hazards. Surveillance data are also used to examine the impact of health hazards, behaviors, and risk factors on disease and mortality. Surveillance efforts also alert the CHN to community and health indicators that may signal public health emergencies (e.g., biological or chemical incidents). Surveillance is generally a prospective intervention (Minnesota Department of Health, 2001).

Disease and other health event investigation refers to a retrospective systematic collection and analysis of data regarding threats to the health threats of populations (e.g., case investigations of cold or heat injuries, zoonotic diseases, and childhood exposure to lead based paint, etc.). During health event investigations the APHN ascertains the threat source, identifies cases and contacts/others at risk, and supports the implementation/integration of control measures. (Minnesota Department of Health, 2001)

In order to accomplish this, the APHN:

- Collects timely reportable disease information from health care providers, for military beneficiaries, who submit information on possible disease outbreaks or other conditions of public health importance.
- Uses state-of-the-art information technology and communication systems to support surveillance, reporting and investigation activities.

- Has a procedure to inform communities regarding possible health threats and disease outbreaks.

- Collects data on Healthy People 2010 Leading Indicators that are relevant to military health such as those noted in DOD Directive 1010.10 "Health Promotion and Disease/Injury Prevention" and other indicators, to include other Healthy People 2010 indicators, assessed as important to the military community.

Please answer the following questions related to Indicator 2.1:

2.1.1 Does APHN submit timely reportable disease information to the responsible civilian Public Health Department and Department of the Army Preventive Medicine representatives?

If no, why?

__2.1.1.1 Don't receive reports in a timely manner from health care providers serving eligible military health care beneficiaries?
__2.1.1.2 Don't know who to report to for the state/local health department (for civilian Public Health reporting)?
__2.1.1.3 Problems with Reportable Medical Events System (for DA reporting)?
__2.1.1.4 Don't receive laboratory results in a timely manner?
__2.1.1.5 Don't receive reportable conditions reports from providers in the civilian community serving military members?
__2.1.1.6 Don't receive reportable conditions reports from civilian health departments?
__2.1.1.7 Other _____?

2.1.2 Does the APHN monitor changes in the occurrence of health problems and hazards?
If so, does the APHN have access to the following local statistics:
2.1.2.1 Communicable diseases?
2.1.2.2 Chronic diseases?
2.1.2.3 Injuries?
2.1.2.4 Environmental hazards?
2.1.2.5 Deployment Health Related Conditions?
2.1.2.6 DOD Directive 1010.10 Health Promotion and Disease/Injury Prevention leading health indicators?
2.1.2.7 EFMP/Special Needs Families?
2.1.2.8 High risk/vulnerable populations?
2.1.2.9 Other Healthy People 2010 Healthy People Indicators?
2.1.2.10 Other, specify _____

2.1.3 Does the APHN have a comprehensive surveillance system that meets APHN information needs?
If so,

2.1.3.1 Are these systems integrated with national and state surveillance systems?
If so,

2.1.3.1.1 Is the Internet used to integrate with local, state and national surveillance systems?

2.1.3.2 Are these system integrated with DoD/DA surveillance systems?

2.1.4 Does the APHN use information technology for surveillance such as geographic information systems, word processing, spreadsheets, database analysis, ESSENCE and graphics presentation software?
If so,

2.1.4.1 Do medical organizations serving the military beneficiary community communicate electronically?
If so, what are the primary mechanisms for communication:

2.1.4.1.1 Touch-tone telephone service?
2.1.4.1.2 Facsimile (fax) machine?
2.1.4.1.3 E-mail (e.g., internet, cable, and wireless systems)?
If so,

2.1.4.1.3.1 Are agencies within Preventive Medicine linked with each other for rapid electronic communication to respond to health threats?

2.1.6 Does the APHN have a procedure to inform communities about possible health threats or disease outbreaks and the appropriate response to them?

2.1.7 What systems does the APHN use to submit required information on reportable conditions?

2.1.8.1 DA/DOD Reportable Conditions reporting?
2.1.8.1.1 RMES?
2.1.8.1.2 Telephone?
2.1.8.1.3 Fax?
2.1.8.1.4 Mail?
2.1.8.1.5 Internet?
2.1.8.1.6 Other, specify _____

2.1.8.2 State Reportable Conditions?
2.1.8.2.1 Telephone?
2.1.8.2.2 Fax?

2.1.8.2.3 Mail?
2. 1.8.2.4 Internet?
2.1.8.2.5 Other, specify _____

2.1.8.3 Other DA/DOD Public Health agencies such as when soldier transfers to a new military unit?
2.1.8.3.1 Telephone?
2.1.8.3.2 Fax?
2.1.8.3.3 Mail?
2.1.8.3.4 Internet?
2.1.8.3.5 Other, specify _____

2.1.8.4 Overall how would you rate the reporting systems that the APHN section has access to, for:

2.1.8.4.1 Prompt reporting?
2.1.8.4.2 Redundancy?
2.1.8.4.3 Integration with other health systems used?
2.1.8.4.4 Other _____

2.1.9 Does the APHN Section have portable hardware (e.g., laptops) that could support data collection during outbreaks/emergency situations?
If yes,
2.1.9.1 Does the equipment have the necessary software (e.g., OMS, Epi Info, etc.)?

If yes,
2.1.9.1.1 Are data fields, questionnaires and reports already established in the system(s) for commonly seen/anticipated outbreaks or other reportable conditions?

2.1.9.2 Are APHN adequately trained / prepared to collect field data for emergency management - of public health conditions?

Indicator 2.2: Plan for Public Health Emergencies

APHN Model Standard:
An emergency preparedness and response plan (EPP) describes the roles, functions and responsibilities of APHN in the event of one or more types of public health emergencies. Careful planning and mobilization of resources and partners prior to an event is crucial to a prompt and effective response. The plan should create a dual-use response infrastructure, in that it outlines the capacity of the APHN to respond to all public health emergencies (including natural disasters), while taking into account the unique and complex challenges presented by chemical hazards or bioterrorism.

In order to plan for public health emergencies, the APHN:

- Assists in defining and describing public health disasters and emergencies that might trigger implementation of the emergency response plan for public health emergencies.
- Assists in the developing and updating EPP that define organizational responsibilities, establish communication and information networks, and clearly outline alert, evacuation, quarantine, isolation and other pertinent protocols.
- Participates in public health role in "mock events" planning/training exercises for public health emergencies.

Please answer the following questions related to Indicator 2.2:

2.2.1 Has the APHN assisted in the identification of public health disasters and emergencies that might trigger implementation of the emergency response plan?

If so, which
2.2.1.1 General Preventive Medicine Section public health response?
2.2.1.2 Anthrax?
2.2.1.3 Smallpox?
2.2.1.4 Avian Influenza?
2.2.1.5 Other _____?

2.2.2 Does the APHN have a specific functional public health role in the emergency preparedness and response plan?

If so,
2.2.2.1 Is the public health role of the APHN written in the emergency response plan?
2.2.2.2 Are APHN personnel familiar with the EPP established chain-of-command among plan participants?
2.2.2.4 Has the APHN assisted in the identification of community assets that could be mobilized by plan participants to respond to an emergency?

2.2.2.5 Does the EPP adequately address communications and information networks that would be required by the APHN during a public health emergency?

2.2.2.6 Does the EPP connect, where possible, to the installation and state emergency response and preparedness plans?

2.2.2.7 Does the EPP clearly outline public health protocols for emergency response?

If so, does the plan:

2.2.2.7.1 Build on existing plans, protocols, and procedures within the community?

2.2.2.7.2 Include written alert protocols to implement an emergency program of source and contact tracing for communicable diseases and toxic exposures?

2.2.2.7.3 Include communication protocols & roles?

2.2.2.7.4 Include an evacuation plan?

2.2.2.7.5 Include procedures for coordinating public health responsibilities with law enforcement responsibilities?

2.2.2.7.6 Include a community-based containment/isolation plan (e.g., available shelters, community-level containment/isolation facilities – to include, locations number, size, and health/safety requirements)

2.2.2.7.7 Include a plan to identify and manage high risk populations (e.g., unaccompanied minors, persons with disabilities, persons living alone, special medical/medication/equipment/mental health needs, language barriers, previous disaster victims, etc.)?

2.2.2.7.8 Include management of responders and responders' family members?

2.2.2.7.9 Include case definitions of public health threats?

2.2.2.7.10 Include patient/suspected contact assessment questionnaires for various exposure risk and physical symptoms of exposures?

2.2.2.7.11 Include personal protective equipment (PPE) information to include: PPE requirements/exposure; availability and location; and protective procedures and infection control procedures (for institutional and community-based protection?

2.2.2.7.11.1 Comments _____

2.2.2.7.12 Specifically address safety measures to be taken by public health and other health care responders in a BT event?

2.2.2.7.13 Include Community Preparedness Plans for the military community (e.g., education on emergency supply of needed items to include food, water, medications, etc.)?

2.2.2.7.14 Include protocols to address public health surge capacity?

If not why not:

2.2.2.7.15 APHN not included in EPP development?

2.2.2.7.16 EPP does not include public health disasters (i.e., does not adequately take into account the different requirements, response and responders to the management of a bioterrorist event vs. a trauma/chemical event)?

2.2.2.7.17 Not enough time?
2.2.2.7.18 Not a Command priority?
2.2.2.7.19 Didn't know I was suppose to do?
2.2.2.7.20 Never been trained to do this?
2.2.2.7.21 Never been a requirement before?
2.2.2.7.22 Other _____.

2.2.3 Has the APHN participated in a public health response scenario, i.e., "mock events" within the past year?

If not, why not:
__2.2.3.1 EPP does not include public health emergencies?
__2.2.3.2 EPP does not include a specified public health role for the APHN responding to public health emergencies?
__2.2.3.4 APHN not included on the EPP development team?
__2.2.3.5 Mock scenarios have focused on trauma/chemical incidents?
__2.2.3.6 Other _____?

2.2.4 Is the APHN staff able to:

2.2.4.1Describe the range of public health emergencies (including Category A, B and C agents)?
2.2.4.2 Locate the EPP?
2.2.4.3 Describe their role in public health emergency response?
2.2.4.4 Describe the chain of command for public health emergencies?
2.2.4.5 (For professional staff) – Locate and provide an overview of BT and chemical agents, case definitions, effects on human health, treatment plans, etc.?
2.2.4.6 Describe limits to scope of practice/knowledge and key resources for referring as needed?
2.2.4.7 Recognize unusual events that might indicate that emergency response is needed and appropriate actions if such events were observed?
2.2.4.8 Attend continuing education to maintain up-to-date knowledge for emergency response (e.g., emerging infectious diseases, hazardous materials, diagnostic tests, community management protocols, etc.)?
2.2.4.9 Demonstrate ability to enter public health emergencies data into a data base?
2.2.4.10 Does the APHN staff have necessary PPE that would be necessary to respond to public health emergencies?

If so,
2.2.4.10.1 What PPE does the APHN staff have? _____
_____

2.2.4.11 Does the APHN staff conduct mock exercises with necessary PPE?

Indicator 2.3: Investigate and Respond to Public Health Emergencies

APHN Model Standard:

Local public health systems must respond rapidly and effectively to investigate public health emergencies which involve communicable disease outbreaks or biological, radiological or chemical agents. With the occurrence of an adverse public health event or potential threat, a collaborative team of health professionals participates in the collection and analysis of relevant data. A network of support and communication relationships exists in the local public health system which supports the information needs of rapid response teams, Commanders, media (PAO), the military community and the general public, as warranted. Timely investigation of public health emergencies is coordinated through an Emergency Response Coordinator, who leads the local effort in the event of a public health emergency (e.g., health officer, environmental health director).

In order to investigate public health emergencies, the APHN:

- Is aware of the designated Emergency Response Coordinator.
- Contributes to the development of written epidemiological case investigation and case management protocols for immediate investigation of:
  - communicable disease outbreaks,
  - environmental health hazards,
  - potential chemical and biological agent threats,
  - radiological threats,
  - and large scale disasters.
- Contributes to the development/maintenance of written protocols to implement a program of source and contact tracing for communicable diseases or toxic exposures.
- Has access to a roster of personnel with the technical expertise to respond to potential biological, chemical, or radiological public health emergencies.
- Evaluates past incidents for effectiveness and opportunities for improvement.

Please answer the following questions related to Indicator 2.3:

2.3.1 Is the APHN aware of the MTF designated Emergency Response Coordinator?
If not, why not_____?

2.3.2 Does the APHN have current epidemiological case investigation/case management protocols to guide immediate investigations of public health emergencies?

If so, do these protocols address the public health nursing response to:

2.3.2.1 Communicable disease outbreaks?
2.3.2.2 Environmental health hazards?
2.3.2.3 Chemical threats?
2.3.2.4 Biological agent threats?
2.3.2.5 Radiological threats?
2.3.2.6 Large-scale natural disasters?
2.3.2.7 Possible terrorist incidents?

2.3.3 Does the APHN contribute to / assist in the update of written protocols for implementing a program of source and contact tracing for communicable diseases or toxic exposures?

If so, are public health nursing protocols in place for?
2.3.3.1 Animal and vector control?
2.3.3.2 Exposure to food-borne illness?
2.3.3.3 Exposure to water-borne illness?
2.3.3.4 Excessive lead levels?
2.3.3.5 Exposure to asbestos?
2.3.3.6 Exposure to other toxic chemicals?
2.3.3.7 Communicable diseases?
2.3.3.8 Radiological health threats?
2.3.3.9 Other _____?

2.3.4 Does the APHN have access to a roster of personnel with the technical expertise to respond to potential biological, chemical, or radiological public health emergencies?
If no, why not _____?

2.3.5 Does the APHN assist in the evaluation of public health emergency response incidents for effectiveness and opportunities for improvement?

Indicator 2.4: Laboratory Support for Investigation of Health Threats

APHN Model Standard:

Laboratory support is defined as the ability to produce timely and accurate laboratory results for diagnostic and investigative public health concerns. The actual testing may be performed outside the traditional MTF.

In order to accomplish this, the APHN:

- Has ready access to laboratories capable of supporting investigations of public health problems, hazards, and emergencies.
- Has ready access to laboratories capable of meeting routine diagnostic and surveillance needs.
- Has access to and is familiar with guidelines or protocols to address the handling of laboratory samples, which describe procedures for storing, collecting, labeling, transporting, and delivering laboratory samples, and for determining the chain of custody regarding the handling of these samples.
- Receives automated (or telephonic when emergency/high risk condition) / is on the contact list for laboratory reports for reportable conditions determine by laboratory testing.

Please answer the following questions related to Indicator 2.4:

2.4.1 Does the APHN have ready access to laboratory services available to support investigations of public health problems, hazards, and emergencies?

2.4.2 Does the APHN maintain ready access to laboratories capable of meeting routine diagnostic and surveillance needs?

2.4.4 Does the APHN have access to current guidelines or protocols for handling laboratory samples?
If so, do these guidelines or protocols address:

2.4.4.1 Collecting samples?
2.4.4.2 Labeling samples?
2.4.4.3 Storing samples?
2.4.4.4 Transporting or delivering samples?
2.4.4.5 Determining the chain of custody with respect to the handling of laboratory samples?

EXISTING WORKLOAD METRICS ASSOCIATED WITH ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards in the Community

A. Community Health Nursing Template

WLF 6: Clinical Consultations (may also be used for Essential Service # 7)
(No. of AD + Beneficiaries) x .15 estimated to be seen in a year x .5 hours per visit / 1740

Variables	Values	Data Source
AD Population	0	MCFAS
Beneficiary Population	0	MCFAS
Rate of Visits Performed	0.15	PM Workload Database
Hours Needed for Visit	0.5	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
TOTAL FTEs required		

This WLF accounts for the clinical visits associated with STI contact tracing, reportable medical events (RMES), home health care visits, etc. Note: This workload factor is related to WLF 3 in Epidemiology and Disease Surveillance for the PM physician's portion of the workload.

B. Health Promotion and Wellness – No WLF Metrics exist for APHN contributions for Essential Service #2.

C. Epidemiology and Disease Control

WLF 2: Investigation
(Population (Civilian + AD + Beneficiary + Children) x .015) / 1740

Variables	Values	Data Source
AD Population	0	MCFAS
Beneficiary Population	0	MCFAS
Civilian Population	0	
Children (CDC, FCCs, etc.)	0	
Investigation Factor	0.15	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
TOTAL FTEs required		

WLF 3 Clinical Consultations – refers to Physician workload.

Essential Service # 3: Inform, Educate, and Empower People about Health Issues

For the APHN, this service includes:

- Health information, health education, and health promotion activities designed to reduce health risk and promote better health.

- Health communication plans and activities such as media advocacy and social marketing.

- Accessible health information and educational resources.

- Health education and health promotion program partnerships

(Examples include: Commanders and Senior NCO Leadership; agencies supporting children such as Child and Youth Services and on post schools; Chaplains; Installation Management Agency (IMA); other military support services (MWR); Army Community Services (ACS), Public Affairs (PAO); health care providers/other health care professionals (e.g., Division/Brigade Surgeon, Physical Therapist, Dietician, Department of Nursing personnel, Occupational Health, etc.); Installation Safety, work sites (on a selected basis), and others to implement and reinforce health promotion programs and messages. (Refer to AR 600-63 Army Health Promotion)

Indicator 3.1: Health Education

APHN Model Standard:

Public health education is the process by which the APHN conveys information and facilitates the development of health enhancing skills among individuals and groups in the community. Factual information is provided for informed decision-making on issues affecting individual and community health. A broad-based group of entities are involved in public health education, including the local governmental public health agency, ministries of health, health care professionals, military treatment facilities such as hospitals and outpatient services, and community-based organizations. Education services are provided to assist individuals and groups in the community to voluntarily act on their decisions, establish healthy behaviors, and use knowledge to change social conditions affecting health. Public health education serves to reinforce health promotion messages within the community, ultimately helping to reduce health risk and improve health status.

To provide effective public health education, the APHN:

- Provides Commanders, Installation Management Agency (IMA), and other community-based organization representatives; and military beneficiaries with information on health risk, health status, and health needs in the community as well as information on policies and programs that can improve community health.

- Uses appropriate media (print, radio, television, and Internet) to communicate health information to the community-at-large.

- Provides health information to enable individuals and groups, including vulnerable populations and those at increased risk, to make informed decisions about healthy living and lifestyle choices and sponsors educational programs to develop knowledge, skills, and behavior needed to improve individual and community health.
- Evaluates the appropriateness, quality, and effectiveness of public health education activities at least every two years.

Please answer the following questions related to Indicator 3.1:

3.1.1 Does the APHN provide Commanders and other military/military organization leaders with information on community health (e.g., as a consulting member of the Installation Health Promotion Council, AR 600-63)?

If so, does the information provided include:

3.1.1.1 Health risks (e.g., obesity, smoking)?
If so,

3.1.1.1.1 Are health risks associated with demographic sub-populations in the community identified?
3.1.1.1.2 Are health risks associated by military units?

3.1.1.2 Health status?
If so,

3.1.1.2.1 Is the health status of demographic sub-populations in the community included?
3.1.1.2.2 Is the health status of military units included?

3.1.1.3 Health needs?
If so,

3.1.1.3.1 Are the health needs associated with demographic sub-populations in the community identified?
3.1.1.3.2 Are the health needs associated by military unit?

3.1.1.4 Does the APHN disseminate information on behaviors that improve health?

3.1.1.5 Does the APHN disseminate information on policies or programs that could be applied to improve community health?

3.1.1.6 If no why not:
3.1.1.6.1 No existing Installation Health Promotion Council

3.1.1.6.2 Don't have the instruments/tools to collect meaningful community level data?
3.1.1.6.3 Unaware of this responsibility?
3.1.1.6.4 Other _____?

3.1.2 Does the APHN use media (e.g., print, radio, television, Internet) to communicate health information?
If so,

3.1.2.1 Is information targeted to specific populations?
3.1.2.2 Is the media's use of the information tracked?
3.1.2.3 Do press releases generate stories or follow-up inquiries from media?
3.1.2.4 Has there been collaboration with the local media to develop news or feature stories on health issues?

3.1.3 Does the APHN sponsor health education programs?
If so, do these programs:

3.1.3.1 Address health concerns identified by members of the community?
If so, are community members involved in:

3.1.3.1.1 The design and development of educational programs that address community concerns?
3.1.3.1.2 The implementation of educational programs that address community concerns?

If so, do these programs:

3.1.3.2 Target particular health risks commonly faced in the community (e.g., infectious disease, lack of exercise, smoking, obesity, substance abuse, unplanned pregnancy/paternity, safe home environments, and a failure to wear lap and shoulder restraints in automobiles, etc.)?
3.1.3.3 Address the needs of populations at increased risk of specific illnesses or injuries with information and education programs designed to assist them in lowering their risk?
If so, do health education programs:

3.1.3.3.1 Provide guidance on developing skills and behaviors that reduce individual and community health risk?
3.1.3.3.2 Consider language, culture, age or other characteristics of the target audience?

3.1.4 Within the past two years, has the APHN assessed its public health education activities?
If so, did the assessment consider the appropriateness of the:

3.1.4.1 Health issues addressed?
3.1.4.2 Populations served?
If so,

3.1.4.2.1 Are education methods (e.g., lecture, role play, behavioral contract, competition, or problem solving challenge) tailored for the target populations?

3.1.4.3 Partners (stakeholders) involved?

3.1.4.4 Settings for health education activity (e.g., Child and Youth Services, military units, PX, Commissary, Dining Facilities, schools, worksite, Chapels, or military community-at-large)?
If so,

3.1.4.4.1 Are the education methods tailored to the target settings (e.g., Child and Youth Services, military units, PX, Commissary, schools, worksites, Dining Facilities (DFACs), Chapels, or military community-at-large)?

3.1.4.5 Communication mechanisms used (e.g., print, radio, television, Internet, or face-to-face group encounters)?

If so,

3.1.4.6 Did the assessment consider the quality of their health education programs?
If so,

3.1.4.6.1 Are educational interventions either theory-based (e.g., PRECEDE-PROCEDE, Stages of Change Model, Health Belief Model, Consumer Information Processing Model, Transtheorectical Model of Behavior Change, Diffusion of Innovation Theory, etc.) or evidence-based (e.g., The *Guide to Community Preventive Services*)?

3.1.4.7 Did the assessment address whether health education programs achieved the intended outcomes?

Indicator 3.2: Health Promotion Activities to Facilitate Healthy Living in Healthy Communities

APHN Model Standard:
Health promotion activities include any combination of educational and environmental supports that give individuals, groups, or communities' greater control over conditions affecting their health. Health promotion activities include: educational programs to develop healthy behaviors, support groups, media campaigns to reinforce the practice of healthy behaviors, policies, regulations or other programs that provide incentives to practice healthy behaviors.

The APHN designs and implements a wide range of health promotion activities to facilitate healthy living in healthy communities. Health promotion activities are based on models proven to be effective. The APHN applies a variety of strategies and methods to affect change on multiple levels of the social and physical environment (e.g., individual, family, military unit, organizational, and community levels) in order to accomplish desired health promotion goals and objectives. A strong collaborative network, including public agencies, private sector organizations, voluntary associations, the Chaplains, and other community groups is active in health promotion activities.

To accomplish this, the APHN:

- Conducts health promotion activities for the community-at-large or for populations at increased risk for negative health outcomes.
- Develops collaborative networks for health promotion activities that facilitate healthy living in healthy communities.
- Assesses the appropriateness, quality, and effectiveness of health promotion activities at least every two years.
- Supervises/oversees MTF/installation Health Promotion Sections.
- Conducts, supports and coordinates health education and health promotion services.
- Serves as an active member of the Installation Health Promotion Council.
- Serves as an active member of the MTF Health Promotion/Patient Education Committee.

Please answer the following questions related to Indicator 3.2:

3.2.1 In the past year, has your APHN implemented one or more health promotion activities?

If so,

3.2.1.1 Were these health promotion activities based on models that were proven to be effective?

3.2.1.2 Were multiple interventions used to affect change or accomplish health improvement objectives (e.g., reducing/preventing youth smoking by limiting

access to tobacco products instituting an elementary school's curriculum to prevent tobacco use such as the Tar Wars Program)?

3.2.1.3 Were health promotion activities targeted to the general military population? If so,

3.2.1.3.1 Did the health promotion activities improve the community's capacity to enable healthy behaviors (e.g., playgrounds or sidewalks to promote physical activity, Family Activity programs for military family members, heart healthy menus in dining facilities, schools and restaurants)?

3.2.1.4 Were any of the health promotion activities tailored for specific populations? If so,

3.2.1.4.1 Were these activities designed to address language, culture, or other characteristics of the target audience?

3.2.1.5 If no, why not _____?

3.2.2 Has APHN established/participated in collaborative networks for health promotion that have been established among diverse entities such as medical, IMA, research agencies, other governmental, academic organizations, voluntary organizations, retiree and other community groups?
If so, do network participants play a role in the following:

3.2.2.1 Planning health promotion activities?
3.2.2.2 Providing resources for health promotion activities (e.g., award funds, facilities)?
3.2.2.3 Conducting health promotion activities?
3.2.2.4 Evaluating health promotion activities?

If no, why not?

3.2.2.5 No such collaborative networks exist?
3.2.2.6 Not enough resources?
3.2.2.7 Not a priority?
3.2.2.8 Other _____?

3.2.3 Within the past two years, has the APHN assessed its health promotion activities?
If so, did the assessment consider the appropriateness of the:

3.2.3.1 Health issues addressed?
3.2.3.2 Populations served?
3.2.3.3 Partners involved?
3.2.3.4 Settings for health promotion activities (e.g., Child and Youth Services, school, worksite, Chapels, military community-at-large)?

If so,

3.2.3.5 Did the assessment evaluate the quality of its health promotion activities?
If so,

3.2.3.5.1 Are health promotion activities either theory-based (e.g., theories of social exchange, social ecology, empowerment, etc.) or evidence-based (e.g., The *Guide to Community Preventive Services*)?
3.2.3.5.2 Are health promotion activities tailored for the target population?
3.2.3.5.3 Are health promotion activities tailored for the target settings (e.g., school, worksite, Chapels, community-at-large)?

3.2.3.6 Did the assessment evaluate whether the health promotion activities achieved the intended outcomes?

3.2.4 Is the MTF Health Promotion Section managed by the APHN?
If so,
3.2.4.1 Approximately how much APHN time is needed to provide these managerial services?

3.2.5 Do APHN personnel provide direct and indirect services in the MTF Health Promotion Section?
If so,
3.2.5.1 Approximately how much APHN time is needed to provide these direct and indirect services for MTF health promotion activities?

3.2.6 Does the APHN manage/provide oversight of the Installation Health Promotion Center?
If so,
3.2.6.1 Approximately how much APHN time is needed to provide these managerial/oversight services?

3.2.7 Does APHN serve as an active member of the Installation Health Promotion Council as defined in AR 600-63?
If no, why?
3.2.7.1 An Installation Health Promotion Council does not exist?
3.2.7.2 Was not invited to participate?
3.2.7.3 Did not know this was an expectation?
3.2.7.4 Other _____?

3.2.8 Does the APHN serve as an active member of the MTF Patient Education/Health Promotion Committee?
If no, why?
3.2.8.1 An MTF Patient Education/Health Promotion Committee does not exist?
3.2.8.2 Was not invited to participate?
3.2.8.3 Other _____?

EXISTING WORKLOAD METRICS ASSOCIATED WITH ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues

A. Community Health Nursing Template

WLF CT3: SME Consultations

Subject Matter Expertise (SME) provided via the telephone and desktop consultations not directly related to a specific project = No. of Requirements x 8 hours Per Month Per Requirement

Variables	Values	Data Source
No. of Technical Requirements Generated	0	
Hours Needed for SME Consultation	96	PM Workload Database
Manpower Standard (1740 hrs/year)	1740	
TOTAL FTEs required		

WLF CT5: Education (Provided to Others)

Additative Factor of 24 Hours Quarterly

Variables	Values	Data Source
Hours Quarterly	0	PM Workload Database
Manpower Standard (1740 hrs/year)	1740	
TOTAL FTEs required		

B. Health Promotion and Wellness Template

WLF 2: Health Education

(((((AD Population + Beneficiary Population) – children under the age of 15) /2 x Prevalence of Risk Factor) x .40 Individuals Ready for Action to Change Behavior) Population is divided by 2 to account for MWRs responsibility for providing health education. Individuals Ready for Action to Change Behavior is based on “Stages of Change.”

Variables	Values	Data Source
AD Population	0	ASIP / DMDC
Beneficiary Population	0	MCFAS
Subtraction for children < 15	0	
Event Time	120	
No. of Health Fairs		
Manpower Standard (1740 hrs/yr)		
Total FTEs required		

WLF CT3: SME Consultations
**** NOTE: This WLF under Health Promotion and Wellness is the same as the WLF CT3 under Community Health Nursing**

Subject Matter Expertise (SME) provided via the telephone and desktop consultations not directly related to a specific project = No. of Requirements x 8 Hours Per Month Per Requirement.

Variables	Values	Data Source
No. of Technical Requirements Generated	0	
Hours Needed for SME Consultation	96	PM Workload Database
Manpower Standard (1740 hrs/year)	1740	
TOTAL FTEs required		

WLF CT5 Education (Provided to Others)
**** NOTE: This WLF under Health Promotion and Wellness is the same as the WLF CT3 under Community Health Nursing**

2.2. Health Fairs

(((80 Hours Event Preparation + 16 Hours Event Attendance + 24 Hours for Post Evaluation) x3 Health Fairs Per Year) / 1740)

C. Epidemiology and Disease Control Template
No WLF under this category currently exist for APHN contributions for
ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues

Essential Service # 4: Mobilize Community Partnerships to Identify and Solve Health Problems

For the APHN, this service includes:

- Identifying potential stakeholders who contribute to or benefit from public health, and increase their awareness of the value of public health.
- Building coalitions to draw upon the full range of potential human and material resources to improve community health.
- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health-related) in undertaking defined health improvement projects, including preventive, screening, rehabilitation, and support programs.

Indicator 4.1: Constituency Development

APHN Model Standard:
Constituents of the APHN include all persons and organizations that directly contribute to or benefit from public health/community health nursing services. These may include members of the military community served by the APHN, the military leadership, other health care professions, environmental, and non-health-related organizations in the military community, and the local civilian community. Constituency development is the process of establishing collaborative relationships among the APHN and all current and potential constituents.

As part of constituency development activities, the APHN develops a communications/media strategy designed to educate the community about the benefits of public health and the role of the APHN in improving community health. The APHN operationalizes the communications/media strategy through formal and informal military community networks, which may include schools, the Chaplains, and community associations.

For effective constituency development, the APHN:

- Has a process to identify key constituents for community-based health in general (e.g., improved health and quality of life at the community level) or for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need).
- Encourages the participation of its constituents in community health activities, such as in identifying community issues and themes and in engaging in volunteer public health activities.
- Establishes and maintains a comprehensive directory of community organizations.
- Uses broad-based communication strategies to strengthen linkages among APHN organizations and to provide current information about public health services and issues.

Please answer the following questions related to Indicator 4.1:

4.1.1 Does the APHN have a process for identifying key constituents?
If so,

- 4.1.1.1 Are key constituents identified for community-based health in general (e.g., improved health and quality of life at the community level)?
- 4.1.1.2 Are key constituents identified for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need)?
- 4.1.1.3 Does the APHN maintain a list of the names and contact information for individuals and groups for constituency building?
- 4.1.1.4 Is there a protocol and/or suggested approach for contacting potential constituents?

4.1.2 Does the APHN encourage the participation of constituents in improving community health?
If so,

- 4.1.2.1 Does the APHN encourage constituents from the community-at-large to identify community issues and themes through a variety of means (e.g., using on-line resources, community/town hall meetings, community surveys, focus groups)?
- 4.1.2.2 Does the APHN provide opportunities for volunteers to help in community health improvement?
  If yes, does the APHN:
  - 4.1.2.2.1 Have mechanisms to recruit and retain volunteers?
  - 4.1.2.2.2 Publicize these volunteer opportunities?

4.1.3 Does the APHN have access to a current directory of organizations that participate in the identifying and solving health problems in the military and local civilian community?

4.1.4 Does the APHN use communications strategies to strengthen organizational linkages and/or to inform community constituents about public health issues and services?
If so,

- 4.1.4.1 Are there any mechanisms or events (e.g., councils/committees, task forces, newsletter, community/town hall meetings, list serves) to facilitate communication among organizations?
  If so,
  - 4.1.4.1.1 Is there an established frequency for these communication mechanisms or events?
  - 4.1.4.1.2 Does APHN attend these events?
  - 4.1.4.1.3 Please provide examples of the forums supported by the APHN to facilitate communication among organizations

4.1.4.2 Are there any mechanisms or events (e.g., websites, listserves, community/town hall meetings) to facilitate communication with the community-at-large?
If so,

4.1.4.2.1 Is there an established frequency for holding these events and/or reviewing these communication mechanisms?

4.1.4.2.2 Does the APHN attend these events?

4.1.6 Provide examples of the forums for the community-at-large supported by the APHN

_____

Indicator 4.2: Community Partnerships

APHN Model Standard:

Community partnerships describe a continuum of relationships that foster the sharing of resources and accountability in undertaking community health improvement. Public health agencies may convene or facilitate the collaborative process. The multiple levels of relationships among public, private, or nonprofit institutions have been described as 1) *networking*, exchanging information for mutual benefit; 2) *coordination*, exchanging information and altering activities for mutual benefit and to achieve a common purpose; 3) *cooperation*, exchanging information, altering activities, and sharing resources for mutual benefit and to achieve a common purpose; and 4) *collaboration*, exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose. Multi-sector collaboration is thus defined as: a voluntary strategic alliance of public, private, and nonprofit organizations to enhance each other's capacity to achieve a common purpose by sharing risks, responsibilities, resources, and rewards.

Multi-sector partnerships such as the Installation Health Promotion Council, as defined in AR 600-63, and other community committees exist in some military communities as formally constituted bodies while in other communities they are less formal groups. The community committee is a dynamic collaboration designed to be comprehensive and inclusive in its approach to community health improvement. Participation in the community committee varies to address priority health issues, leverage community resources, and to provide the essential service of public health.

To accomplish this, the APHN:

- Participates in community partnerships that support a comprehensive approach to improving health in the community.
- Participates in the establishment of community health improvement committee/task forces.
- Assists in the assessment of the effectiveness of community partnerships in improving community health.

Please answer the following questions related to Indicator 4.2:

4.2.1 Do partnerships exist in the military community that supports the coordination of public health nursing activities?
If so, is there coordination to provide:

- 4.2.1.1 A comprehensive approach to improving community health?
- 4.2.1.2 Health promotion services?
- 4.2.1.3 Disease prevention services?
- 4.2.1.4 Deployment health related services?

4.2.2 Does the APHN participate in a broad-based community health improvement committee (e.g., the Installation Health Promotion Council, Army Well-Being, Army One-Source, etc.)?

4.2.3 Does the APHN contribute to the assessment of the effectiveness of community partnerships developed to improve community health?

If so, does the assessment include quality monitors for:

4.2.3.1 Process measures?
4.2.3.2 Outcome measures?

If no, why?

4.2.3.3 The partnership has not established a method for quality monitoring?
4.2.3.4 Not enough resources to assess effectiveness?
4.2.3.5 APHN has not been expected to do this?
4.2.3.6 This is not an established requirement?
4.2.3.7 This is not a priority?
4.2.3.8 Other _____?

EXISTING WORKLOAD METRICS ASSOCIATED WITH ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems

A. Community Health Nursing Template

WLF CT1: Technical Committee Meeting

Attendance at Technical Committee Meetings. Assumes 3 Committees x 1.5 hours per month x 12 months.

Variables	Values	Data Source
No. Technical Requirements Generated	0	
Hours in Attendance	54	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

B. Health Promotion and Wellness Template

(Monthly Meetings x 21 Hours per) + (3 Monthly PATs x 9 Hours per) / 1740

Variables	Values	Data Source
HP Council Monthly Council Meetings	12	
Hours Per Meeting (includes all activities)	21	
FTE Sub-Total	**0.14**	
Process Action Team Meetings Per Month	3	
Hours Per Meeting (includes all activities)	9	
FTE Sub-Total	**0.02**	
Total FTEs required	0.16	

Health Promotion and Wellness Template also includes WLF CT1 as noted above.

C. Epidemiology and Disease Control Template

There are no currently existing WLF for APHN contributions to Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

Essential Service # 5: Develop and Inform Policies and Plans that Support Individual and Community Health Efforts

For the APHN, this service includes:

- An effective presence at the local level.
- Developing and informing policy to protect the health of the public and to guide the practice of Army Public Health Nursing.
- Systematic community planning for improvement of health for military and other eligible beneficiaries in the Catchment Area.
- Alignment of APHN resources and strategies with a community health improvement plan.

Indicator 5.1: Presence at the Local Military Community Level

APHN Model Standard:
As the line of first defense, local APHN plays an especially vital role in ensuring the health, safety, and well-being of the military community. The local APHN works in partnership with the community to support development and sustainment of a flexible and dynamic public health infrastructure that provides the Essential Public Health Services.

To accomplish this, the APHN Service supports:

- Delivery of the Essential Public Health Services to the military community.
- Serve as a relevant stakeholder participant in the development and implementation of a community health improvement plan (e.g. Installation Army Health Promotion Council, Army Well-Being Plan, etc.).
- A participatory relationship with local military community representatives (e.g., Commanders, IMA, schools, local health departments, military health care providers/professionals, TRICARE service providers, etc.).
- Assists in coordinating services with the state public health system.
- Assists in coordinating with the Army/DoD public health system.

Please answer the following questions related to Indicator 5.1:

5.1.1 Does the APHN contribute to the delivery of the Essential Public Health Services to the military community?

If so, does the APHN maintain current documentation such as in a program document describing its:

5.1.1.1 Mission?
5.1.1.2 Regulatory responsibilities?
5.1.1.3 Chartered responsibilities such as MOUs/MOAs?
5.1.1.4 Does the MTF provide adequate resources to provide the Essential Public Health Services to the community?

If so, do these resources include:

5.1.1.4.2 Adequate funding for public health programs?
5.1.1.4.3 The personnel, facilities, equipment, and supplies required to deliver the Essential Public Health Services?
5.1.1.4.4 Is there a APHN plan such as the Program Document for the prioritization, documentation and accountability of services provided?

5.1.2 Does the APHN serve as a relevant stakeholder in the development and implementation of a community health improvement plan (i.e.., Installation Army Health Promotion Council / Army Well-Being Plan)?

If no, why?
5.1.2.1 No such group of stakeholders exists to collectively work on a community health improvement plan?
5.1.2.2 APHN not invited to serve on the planning committee?
5.1.2.3 Not enough time?
5.1.2.4 Never been expected to do this?
5.1.2.5 Other _____

5.1.3 Does the APHN serve on meetings/task forces/committees with local community representatives (e.g., military health care providers, IMA, schools, local health departments, TRICARE service providers, etc. to develop and inform policies/procedures that support individual and community efforts?

5.1.4 Does the APHN work with the local and / or state public health system to provide public health services to the military community?

5.1.6 Does the APHN work with Army/DOD public health representatives in order to coordinate service provision?

Indicator 5.2: Public Health Policy Development

APHN Model Standard:
Policy development is a process that enables informed decisions to be made concerning issues related to the public's health.

To assure effective public health policy, the APHN:

- Contributes to the development and/or modification of public health policy by facilitating community involvement in the process and by engaging in activities that inform the process.

- Reviews existing policies on a routine basis and alerts policymakers and the public of potential unintended outcomes and consequences.

Please answer the following questions related to Indicator 5.2:

5.2.1 Does the APHN support collection of input from community members before informing relevant public health policies (installation and MTF)?
If so,

5.2.1.1 Is the APHN aware of forums for constituents to raise and analyze issues?
Is so,
5.2.1.1.1 Does the APHN participate in these forums?

5.2.1.2 Within the past two years, has the APHN been involved in activities that influenced or informed the public health policy process?

If so, has the APHN:

5.2.1.2.1 Prepared issue/decision briefs?
5.2.1.2.3 Participated on boards or advisory panels responsible for health policy advisement?
5.2.1.2.8 Met with military leaders to inform them of potential public health impacts of actions under their consideration?

If so,
5.2.1.2.3.1 Have any of these activities resulted in change in military installation [public health] policy?

5.2.5 Does the CHN review public health policies for installation agencies on a routine basis?

If so, which:

5.2.5.1 Child and Youth Services Health Policy?
If yes,
5.2.5.1.1 Date of last review _____

5.2.5.1.2. Approximate APHN time for input _____(hours)?
5.2.5.2 Family Advocacy Program Policy?
If yes,
5.2.5.2.1 Date of last review _____
5.2.5.2.1 Approximate APHN time for input _____ (hours)?
5.2.5.3 Emergency Preparedness Planning/Global War On Terrorism?
If yes,
5.2.5.3.1 Date of last review _____
5.2.5.3.2 Approximate APHN time for input _____(hours)?
5.2.5.4 Influenza Vaccination Program?
If yes,
5.2.5.4.1 Date of last review _____
5.2.5.4.2 Approximate APHN time for input _____ (hours)?
5.2.5.5 Anthrax Vaccination Program?
If yes,
5.2.5.5.1 Date of last review _____
5.2.5.5.2 Approximate APHN time for input _____ (hours)?
5.2.5.6 Army Health Promotion Council?
If yes,
5.2.5.6.1 Date of last review _____
5.2.5.6.2 Approximate APHN time for input _____ (hours)?
5.2.5.7 Building Strong and Ready Families?
If yes,
5.2.5.7.1 Date of last review? _____
5.2.5.7.2 Approximate APHN time for input _____ (hours)?
5.2.5.8 Needle Stick-Bloodborne Pathogen Management
If yes,
5.2.5.8.1 Date of last review: _____
5.2.5.8.2 Approximate APHN time for input ____ (hours)?
5.2.5.9 Other(s) specify (x 5) _____
5.2.5.9.1 Date(s) of last review _____

5.2.6 Does the APHN develop/inform/update MTF public health policies on a routine basis?
If yes, which:

5.2.6.1 Tuberculosis Management and Control?
If yes,
5.2.3.1.1 Date of last review _____?
5.2.3.1.2 Approximate APHN time for review ____(hours)?
5.2.6.2 Reportable Conditions?
If yes,
5.2.3.2.1 Date of last review _____?
5.2.3.2.2 Approximate APHN time for review ____(hours)?
5.2.6.3 Management of the HIV Positive Patient?
If yes,
5.2.3.3.1 Date of last review _____?
5.2.3.3.2 Approximate APHN time for review ____(hours)?

5.2.6.4 Infection Control?
If yes,
5.2.3.4.1 Date of last review _____?
5.2.3.4.2 Approximate APHN time for review ____(hours)?
5.2.6.5 Smallpox Vaccination Program?
If yes,
5.2.3.5.1. Date of last review _____?
5.2.3.5.2 Approximate APHN time for review ____(hours)?
5.2.6.6 Animal Scratch/Bite Management Program?
If yes,
5.2.3.6.1 Date of last review _____?
5.2.3.6.2 Approximate APHN time for review ____(hours)?
5.2.6.7 Home Health Program?
If yes,
5.2.3.7.1 Date of last review _____?
5.2.3.7.2 Approximate APHN time for review ____(hours)?
5.2.6.8 Childhood Lead Poisoning Prevention?
If yes,
5.2.3.8.1. Date of last review _____?
5.2.3.8.2 Approximate APHN time for review ____(hours)?
5.2.6.9 Management of Foodborne/Waterborne Illnesses?
If yes,
5.2.3.9.1 Date of last review _____?
5.2.3.9.2 Approximate APHN time for review ____(hours)?
5.2.6.10 West Nile Virus Human Case Prevention and Management?
If yes,
5.2.3.10.1 Date of last review _____?
5.2.3.10.1 Approximate APHN time for review ____(hours)?
5.2.6.11 Hepatits C?
If yes,
5.2.3.11.1 Date of last review _____?
5.2.3.11.2 Approximate APHN time for review ____(hours)?
5.2.6.12 Influenza Program Management?
If yes,
5.2.3.12.1 Date of last review _____?
5.2.3.12.2 Approximate APHN time for review ____(hours)?
5.2.6.13 Deployed Soldiers Health Management?
If yes,
5.2.3.13.1 Date of last review?
5.2.3.13.2 Approximate APHN time for review ___ (hours)?
5.2.6.14 Other(s) (space for 5 more) specify _____
5.2.3.14.1 Date of last review _____?
5.2.3.14.2 Approximate APHN time for review ____(hours)?

5.2.7 APHN Standard Operating Procedures –
If yes, Date of last review and Approximate APHN time for review:

5.2.7.1 APHN Program/Standards of Care
5.2.7.2 LTBI Program
5.2.7.3 Hepatitis B
5.2.7.4 Home Safety Inspections
5.2.7.5 Health Fair Management?
5.2.7.6 STI Program
5.2.7.7 Tobacco Control Program
5.2.7.8 Cold Weather Injuries
5.2.7.9 Hot Weather Injuries
5.2.7.10 APHN Deployment Health Responsibilities
5.2.7.11 Building Strong and Ready Family Program Support
5.2.7.12 Hypertension Management
5.2.7.13 HIV
5.2.7.14 Hypertension
5.2.7.15 Deployment Health
5.2.7.16 Medical Threat Briefings

Indicator 5.3: Community Health Improvement Process

APHN Model Standard:
Community health improvement is not limited to issues classified within traditional public health or health services categories, but may include environmental, business, economic, housing, land use, and other community issues indirectly affecting the public's health. The community health improvement process involves an ongoing collaborative, community-wide effort by the APHN to identify, analyze, and address health problems; assess applicable data; inventory community health assets and resources; identify community perceptions; develop and implement coordinated strategies; develop measurable health objectives and indicators; identify accountable entities; and cultivate community "ownership" of the entire process. The community health improvement process provides the opportunity to develop a community-owned plan that will ultimately lead to a healthier community (e.g., Army Installation Health Promotion Council).

To accomplish this, the APHN:

- Participates in a community health improvement process, which includes broad-based participation and uses information from the community health assessment as well as perceptions of community residents.

- Participants in the development of strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy.

Please answer the following questions related to Indicator 5.3:

5.3.1 Has the APHN contributed to a community health improvement process (e.g., Army Installation Health Promotion Council/MAPP/PRECEED-PROCEED)?

If so, does the process include:
5.3.1.2 Information from the community health assessment?
5.3.1.3 Issues and themes identified by the community?
5.3.1.4 Identification of community assets and resources?
5.3.1.5 Prioritization of community health issues?
5.3.1.6 Development of measurable health objectives?

If so,
5.3.1.7 Does the process result in the development of a community health improvement plan?

5.3.2 Has the APHN participated in the development of strategies to address community health objectives?
If so,

5.3.2.1 Have the individuals or organizations accountable for the implementation of these strategies been identified?
If so, have the individuals or organizations:

5.3.2.1.1 Agreed to defined responsibilities and timetables for activities?

5.3.2.1.2 Started to implement these strategies?
5.3.2.1.3 Determined how to effectively utilize the community assets and resources that were identified?

Indicator 5.4: Strategic Planning and Alignment with the Community Health Improvement Process

APHN Model Standard:
Strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it. Strategic planning requires information gathering, an exploration of alternatives, and an emphasis on the future implications of present decisions. The strategic planning process can facilitate communication and participation, accommodate divergent interests and values, and foster orderly decision-making that leads to successful implementation, and, ultimately, quality improvement.

Strategic planning includes the identification of forces and trends in the external environment that might impact the health of individuals, the health of the community or the effectiveness of the APHN. Strategic planning also includes the assessment of the strengths and weaknesses of the organization.

To optimize community resources and encourage complementary action, the APHN:

- Participates in organizational strategic planning activities.
- Reviews APHN strategic plan to determine how it can best be aligned with an installation community health improvement process.
- Participates in organizational strategic planning activities and uses strategic planning to align its goals, objectives, strategies, and resources with the community health improvement process.

Please answer the following questions related to Indicator 5.4:

5.4.1 Does the APHN conduct a strategic planning process for public health nursing services?

5.4.2 Does the APHN review its organizational strategic plan to determine how it can best be aligned with community health improvement processes, e.g., APHN program alignment with MTF, Installation Health Promotion Council strategic plans?

5.4.3 Does the APHN strategic plan include:

- 5.4.3.1 Identification of forces (trends, events, or factors) that may impact health or the local public health system?
- 5.4.3.2 Assessment of the community's health strengths and weaknesses (e.g., SWOT analysis)?
- 5.4.3.3 Use of the strategic planning process to align goals, objectives, strategies, and resources with the community health improvement process, e.g., with the Installation Health Promotion Council process?
- 5.4.3.4 Is the APHN strategic plan?
  - 5.4.3.4.1 Reviewed annually?
  - 5.4.3.4.2 Revised at least every five years?
  - 5.4.3.4.3 Don't know do not have old plan?

EXISTING WORKLOAD METRICS ASSOCIATED WITH ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts

A. Community Health Nursing Template

WLF CT4 Technical Document / Process Development and Review

Subject Matter Expertise (SME) provided in the development of technical document development and review not directly related to a specific project = No. of Staff Requirements x 8 Hours Per Month Per Requirement.

Variable	Values	Data Source
No. of Technical Requirements Generated	0	
Hours Needed for SME Consultation	96	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

B. Health Promotion and Wellness Template

WLF CT4 Technical Document / Process Development and Review

Subject Matter Expertise (SME) provided in the development of technical document development and review not directly related to a specific project = No. of Staff Requirements x 8 Hours Per Month Per Requirement.

Variable	Values	Data Source
No. of Technical Requirements Generated	0	
Hours Needed for SME Consultation	48	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

C. Epidemiology and Disease Control Template

WLF 4: Policy and Procedure Development

No. of directives and SOPs drafted/written x 24 hours / 1740 hrs/yr)
+
No. of directives and SOPs reviewed/updated x 4 hours / 1740/hrs)

Variables	Values	Data Source
No. of Directives & SOPs Drafted/Written	0	PM Workload Database
No. of Directives & SOPs Reviewed/Updated	0	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

WLF CT1: Technical Committee Meeting

Attendance at Technical Committee Meetings, Assumes 3 Committees x 1.5 hours per month x 12 months.

Variables	Values	Data Source
No. of Technical Requirements Generated	0	
Hours in Attendance	54	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

Essential Service # 6: Support and Inform Laws and Regulations that Protect Health and Ensure Safety

For the APHN, this service includes:

- Review of regulations, i.e., Army Regulations, DOD Directives, Field Manuals, etc., which pertain to the provision of public health and safety practices to assure the provision of public health nursing services that reflect current scientific knowledge, best practices and current regulatory authorities.

- Education of persons and entities obligated to obey laws and regulations designed to protect health and safety in order to encourage compliance.

- Inform and support activities in areas of public health concern, including, but not limited to the protection of children through seat belt and child safety seat usage; and childhood immunizations; protection of communities by the reporting of communicable disease cases and notification of contacts, educating installation members on no smoking policy, etc.

Indicator 6.1: Planning and Implementation

APHN Model Standard:
The APHN reviews existing federal, state, military, host nation and local laws and regulations relevant to the public health of the community.

In order to accomplish this, the APHN:

- Identifies public health issues that are addressed through laws, regulations, or authorities.

- Has access and is familiar with a current compilation of federal, military, host nation, state, and local laws, regulations, and ordinances that protect the public's health.

Please answer the following questions related to Indicator 6.1:

6.1.1 Does the APHN identify public health issues that are addressed in regulations and other relevant authorities?

6.1.2 Does the APHN have access to a current compilation of federal, state, military, host nation and local laws, regulations, and other authorities that protect the public's health, e.g., TG 276 Ultimate Preventive Medicine Resource Set?
If so, does the compilation include regulations for:

6.1.2.1 Food handling?
6.1.2.2 Water quality?
6.1.2.3 Clean air?

6.1.2.4 Injury prevention (e.g., safety inspection of work-sites, schools, swimming pools)?
6.1.2.5 Toxic waste and chemical treatment?
6.1.2.6 Exposure-related diseases?
6.1.2.8 Home health care providers?
6.1.2.9 Child care centers?

Indicator 6.2: Involvement in the Improvement of Regulations and Other Military Authorities

APHN Model Standard:
Having identified local public health issues that are not adequately being addressed through existing regulations, the APHN participates actively in the modification of existing regulations and other military authorities, and in the formulation of new regulations and other military authorities designed to assure and improve the public health of the military community. This participation includes the drafting of proposed regulations and other authorities, involvement in policy development meetings, and in forwarding recommendations to the appropriate military leadership.

In order to accomplish this, the APHN:

- Identifies local public health issues that are not adequately addressed through existing regulations and other military authorities.
- Participates in the modification of regulations/military authorities and/or in the formulation of new regulations and other military authorities designed to assure and improve the public health of the military community.
- Provides technical assistance for drafting proposed regulations and other military authorities.

Please answer the following questions related to Indicator 6.2:

6.2.1 Does the APHN identify local public health issues that are not adequately addressed through existing regulations and other military authorities?
If so,

6.2.1.1 Did the identification process lead to action to address these inadequacies?

6.2.2 Has the APHN participated in the development or modification of regulations or other military authorities?
If so, did participation involve:

6.2.2.1 Communication with military policymakers/Commanders regarding proposed regulations or other military authorities?

6.2.2.3 Involvement in military installation committees regarding proposed regulation(s)?

6.2.2.4 Involved in military medical treatment facility committees regarding proposed regulation(s)?

6.2.3 Does the APHN provide technical assistance to regulatory or military groups for drafting proposed regulations or other military authorities?

EXISTING WORKLOAD METRICS ASSOCIATED WITH ESSENTIAL SERVICE 6: Support and Inform Laws and Regulations that Protect Health and Ensure Safety

A. Community Health Nursing Template
B. Health Promotion and Wellness Template
C. Epidemiology and Disease Control

No WLF associate with APHN contributions to Essential Service #6 – may consider using WLFs associated with Essential Service 5.

Essential Service # 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

For the APHN, this service includes:

- Identifying populations with barriers to needed personal health services (e.g., knowledge deficit regarding access to care, etc.).
- Support the linkage of people to appropriate personal health services (such as review of pre and post deployment health assessments and periodic health assessments for referrals)
- Provide consultation about available civilian and military resources in the community.

Indicator 7.1: Identification of Populations with Barriers to Personal Health Services

APHN Model Standard:
The APHN identifies populations who may encounter barriers to personal health services. Populations who may encounter barriers to personal health services due to age, a lack of education, poverty, culture, race, language barriers, religion, national origin, physical disability, mental disability, or lack of adequate health insurance or changes in health insurance such as TRICARE that result in unmet health services. Active and Reserve Component Soldiers who are deploying or re-deploying are particularly vulnerable to barriers to personal health services.

Please answer the following questions related to Indicator 7.1:

7.1.1 Does the APHN identify any populations who may encounter barriers to the receipt of personal health services?
If so, do these populations include:

7.1.1.1 Children? (less than 18 years of age)
7.1.1.2 Persons 65 years of age and older?
7.1.1.3 Persons who may encounter barriers due to a lack of education?
7.1.1.4 Persons with low income?
7.1.1.5 Persons with cultural or language barriers?
7.1.1.6 Persons who may encounter barriers because of their race or ethnicity?
7.1.1.7 Persons with physical disabilities?
7.1.1.8 Persons with mental illness?
7.1.1.9 Uninsured or under-insured persons (e.g., family members/retirees with limited/inadequate oral health services, assistive devices, etc.)?
7.1.1.10 Persons who may encounter barriers due to geographic location/relocation?
7.1.1.11 Service members with deployment related health issues?
7.1.1.12 Family members of service members who are deployed?
7.1.1.13 EFMP/SNRT family members?
7.1.1.14 Other _____

Indicator 7.2: Identifying Personal Health Service Needs of Populations

APHN Model Standard:
The APHN identifies and provides targeted personal health services that are accessible, acceptable, and available to its population.

In order to accomplish this, the APHN:

- Assists in the identification of targeted personal health service needs for the military community. The primary focus of this intervention on defining specific preventive, health promotion, and health education health service needs for the military beneficiaries in the assigned catchment areas.

- Assesses the extent to which personal health services are provided with a focus on health promotion, preventive and health education services (i.e., assess for gaps and available resources).

- Identifies the personal health service needs of populations who may encounter barriers to the receipt of personal health services.
- Provides targeted clinical programs for conditions of public health importance (e.g., LTBI, STI, HIV, Hepatitis, Childhood Lead Poisoning Prevention, and other Reportable Conditions, etc.).

Please answer the following questions related to Indicator 7.2:

7.2.1 Has the APHN identified targeted personal health service needs for eligible military beneficiaries in the assigned catchment areas?

7.2.2 Has the APHN assessed the extent to which targeted personal health services are being provided with an emphasis on health promotion and preventive service needs?
If so, did the assessment address the extent to which personal health services are:

7.2.2.1 Accessible?
7.2.2.2 Acceptable?
7.2.2.3 Available?

7.2.3 Does the APHN identify the targeted personal health services (focusing on preventive and health promotion services) of populations who encounter barriers to personal health services?
If so, do these populations include:

7.2.3.1 Children? (less than 18 years of age)
7.2.3.2 Persons 65 years of age and older?
7.2.3.3 Persons who may encounter barriers due to lack of education?

7.2.3.4 Persons with low income?
7.2.3.5 Persons with cultural or language barriers?
7.2.3.6 Persons who may encounter barriers because of their race or ethnicity?
7.2.3.7 Persons with physical disabilities?
7.2.3.8 Persons with mental illness?
7.2.3.9 Uninsured or under-insured persons?
7.2.3.10 Persons who may encounter barriers due to geographic location?
7.2.3.11 Service members with deployment related health issues?
7.2.3.12 Family member of service members who are deployed?
7.2.3.13 Other _____

Indicator 7.4: Provide targeted direct nursing care services for diseases that can threaten the public health of a community.

APHN Model Standard:
The APHN provides targeted direct nursing care services for conditions that threaten the public health of a community or those conditions of military relevance (e.g., tuberculosis, sexually transmitted infections, childhood lead poisoning, active duty climatic injuries, and other reportable conditions, etc.). The APHN supports and coordinates partnerships and referral mechanisms among the community's public health, primary care, oral health, social service, and mental health systems to optimize the care of individuals with access to needed personal health services. The APHN seeks to minimize or prevent incidence and prevalence of reportable conditions through effective nursing management; follow-up; individual, contact, unit and community education, contact investigations; reporting and referral services..

In order to accomplish this, the APHN:

- Identifies and contacts individuals with reportable and other conditions such as DNBI and other conditions of public health significance.
- Provides clinical appointment services for individuals at risk for injury due to biologic or climatic exposures.
- Provides follow-up services for individuals who require continued assessment for risk/resolution of reportable condition.
- Coordinates the delivery of targeted personal health and public health services for individuals who require such services.

These questions are designed to assess the types of APHN interventions currently ongoing for targeted nursing interventions – NOTE: Not all of these interventions reflect recommended standards.

7.4.1 Are APHN services provided for Latent Tuberculosis Infection (LTBI)?
If so, what nursing interventions are provided (mark all that apply):7.4.1.1 Surveillance?
7.4.1.2 Disease & health event investigation?
7.4.1.3 Outreach?
7.4.1.4 Screening?
7.4.1.5 Referral & Follow Up?
7.4.1.6 Case management of condition of public health importance?
7.4.1.7 Delegated Functions?
7.4.1.8 Health Teaching?
7.4.1.9 Counseling?
7.4.1.10 Consultation?
7.4.1.11 Collaboration?
7.4.1.12 Coalition Building?
7.4.1.13 Community Organizing?
7.4.1.14 Advocacy?

7.4.1.15 Social Marketing?
7.4.1.16 Policy Development / Regulatory Enforcement?
7.4.1.17 Other Clinical Services?
If so, which
7.4.1.17.1 Refill Isoniazid (INH)?
7.4.1.17.2 Prescribe INH?
7.4.1.17.3 Refill Rifampin?
7.4.1.17.4 Order CXR?
7.4.1.17.5 Order Lab?
7.4.1.17.6 Order repeat PPD?
7.4.1.17.7 Order PPD on close contacts?
7.4.1.17.8 Other _____
7.4.1.18 Registry (could input from section on registries?)

7.4.2 Are APHN services provided for individuals with active tuberculosis?
If so,
7.4.2.1 Surveillance?
7.4.2.2 Disease & health event investigation?
7.4.2.3 Outreach?
7.4.2.4 Screening?
7.4.2.5 Referral & Follow Up?
7.4.2.6 Case management of condition of public health importance?
7.4.2.7 Delegated Functions?
7.4.2.8 Health Teaching?
7.4.2.9 Counseling?
7.4.2.10 Consultation?
7.4.2.11 Collaboration?
7.4.2.12 Coalition Building?
7.4.2.13 Community Organizing?
7.4.2.14 Advocacy?
7.4.2.15 Social Marketing?
7.4.2.16 Policy Development / Regulatory Enforcement?
7.4.2.17 Infection Control (Community-Based)?
7.4.2.18 Directly Observed Therapy?
7.4.2.19 Other clinical services?
7.4.2.20 Database management?

7.4.3 Are APHN services provided for individuals with sexually transmitted infections?
If so,
7.4.3.1 Surveillance?
7.4.3.2 Disease & health event investigation?
7.4.3.3 Outreach?
7.4.3.4 Screening?
7.4.3.5 Referral & Follow Up?
7.4.3.6 Case management of condition of public health importance?
7.4.3.7 Delegated Functions?
7.4.3.8 Health Teaching?

7.4.3.9 Counseling?
7.4.3.10 Consultation?
7.4.3.11 Collaboration?
7.4.3.12 Coalition Building?
7.4.3.13 Community Organizing?
7.4.3.14 Advocacy?
7.4.3.15 Social Marketing?
7.4.3.16 Policy Development / Regulatory Enforcement?
7.4.3.17 Infection Control (Community-Based)?
7.4.3.18 Other clinical services? If so, do services:
    7.4.3.18.1 Order initial labs?
    7.4.3.18.2 Order follow-up labs?
7.4.3.19 Database management?

7.4.4 Are APHN services provided exposed to Hepatitis?
If so,
7.4.4.1 Surveillance?
7.4.4.2 Disease & health event investigation?
7.4.4.3 Outreach?
7.4.4.4 Screening?
7.4.4.5 Referral & Follow Up?
7.4.4.6 Case management of condition of public health importance?
7.4.4.7 Delegated Functions?
7.4.4.8 Health Teaching?
7.4.4.9 Counseling?
7.4.4.10 Consultation?
7.4.4.11 Collaboration?
7.4.4.12 Coalition Building?
7.4.4.13 Community Organizing?
7.4.4.14 Advocacy?
7.4.4.15 Social Marketing?
7.4.4.16 Policy Development / Regulatory Enforcement?
7.4.4.17 Infection Control (Community-Based)?
7.4.4.18 Other clinical services? If so, do services:
    7.4.4.18.1 Order initial labs?
    7.4.4.18.2 Order follow-up labs?
7.4.4.19 Database management?

7.4.5 Are APHN service provided for individuals with Animal Scratch/Bites?
If so,
7.4.5.1 Surveillance?
7.4.5.2 Disease & health event investigation?
7.4.5.3 Outreach?
7.4.5.4 Screening?
7.4.5.5 Referral & Follow Up?
7.4.5.6 Case management of condition of public health importance?
7.4.5.7 Delegated Functions?

7.4.5.8 Health Teaching?
7.4.5.9 Counseling?
7.4.5.10 Consultation?
7.4.5.11 Collaboration?
7.4.5.12 Coalition Building?
7.4.5.13 Community Organizing?
7.4.5.14 Advocacy?
7.4.5.15 Social Marketing?
7.4.5.16 Policy Development / Regulatory Enforcement?
7.4.5.17 Infection Control (Community-Based)?
7.4.5.18 Other clinical services?
7.4.5.18.1 If so, describe _____
7.4.5.19 Database management?

7.4.6 Are APHN service provided for individuals with HIV/AIDS?
If so,
7.4.6.1 Surveillance?
7.4.6.2 Disease & health event investigation?
7.4.6.3 Outreach?
7.4.6.4 Screening?
7.4.6.5 Referral & Follow Up?
7.4.6.6 Case management of condition of public health importance?
7.4.6.7 Delegated Functions?
7.4.6.8 Health Teaching?
7.4.6.9 Counseling?
7.4.6.10 Consultation?
7.4.6.11 Collaboration?
7.4.6.12 Coalition Building?
7.4.6.13 Community Organizing?
7.4.6.14 Advocacy?
7.4.6.15 Social Marketing?
7.4.6.16 Policy Development / Regulatory Enforcement?
7.4.6.17 Infection Control (Community-Based)?
7.4.6.18 Other clinical services?
If so,
7.4.6.18.1 Describe? _____
7.4.6.19 Military Counseling for HIV Positive Patient?
7.4.6.20 Database management?

7.4.7 Are APHN services provided for Travel Medicine?
If so,
7.4.7.1 Surveillance?
7.4.7.2 Disease & health event investigation?
7.4.7.3 Outreach?
7.4.7.4 Screening?
7.4.7.5 Referral & Follow Up?
7.4.7.6 Case management of condition of public health importance?

7.4.7.7 Delegated Functions?
7.4.7.8 Health Teaching?
7.4.7.9 Counseling?
7.4.7.10 Consultation?
7.4.7.11 Collaboration?
7.4.7.12 Coalition Building?
7.4.7.13 Community Organizing?
7.4.7.14 Advocacy?
7.4.7.15 Social Marketing?
7.4.7.16 Policy Development / Regulatory Enforcement?
7.4.7.17 Infection Control (Community-Based)?
7.4.7.18 Other clinical services?
7.4.7.18.1 Order initial labs?
7.4.7.18.2 Order follow-up labs?
7.4.7.19 Prescribe travel medications?
If so,
7.4.7.19.1 By protocol?
7.4.7.19.2 Indicate all medications currently prescribing?
7.4.7.20 Database management?

7.4.8 Are APHN service provided for individuals with climatic injuries (i.e., cold weather/hot weather injuries)?
If so,
7.4.8.1 Surveillance?
7.4.8.2 Disease & health event investigation?
7.4.8.3 Outreach?
7.4.8.4 Screening?
7.4.8.5 Referral & Follow Up?
7.4.8.6 Case management of condition of public health importance?
7.4.8.7 Delegated Functions?
7.4.8.8 Health Teaching?
7.4.8.9 Counseling?
7.4.8.10 Consultation?
7.4.8.11 Collaboration?
7.4.8.12 Coalition Building?
7.4.8.13 Community Organizing?
7.4.8.14 Advocacy?
7.4.8.15 Social Marketing?
7.4.8.16 Policy Development / Regulatory Enforcement?
7.4.8.17 Infection Control (Community-Based)?
7.4.8.18 Other clinical services?
7.4.8.19 Database management?

7.4.9 Are APHN services provided for individuals with reportable conditions (other than TB, STIs, Hepatitis, HIV/AIDS, climatic injuries)?

7.4.10 Are APHN services provided for deployment related issues?

7.4.10.1 Surveillance?
7.4.10.2 Disease & health event investigation?
7.4.10.3 Outreach?
7.4.10.4 Screening?
7.4.10.5 Referral & Follow Up?
7.4.10.6 Case management of condition of public health importance?
7.4.10.7 Delegated Functions?
7.4.10.8 Health Teaching?
7.4.10.9 Counseling?
7.4.10.10 Consultation?
7.4.10.11 Collaboration?
7.4.10.12 Coalition Building?
7.4.10.13 Community Organizing?
7.4.10.14 Advocacy?
7.4.10.15 Social Marketing?
7.4.10.16 Policy Development / Regulatory Enforcement?
7.4.10.17 Infection Control (Community-Based)?
7.4.10.18 Other clinical services? If so, do services:
    7.4.10.18.1 Order initial labs?
    7.4.10.18.2 Order follow-up labs?
    7.4.10.18.3 Vaccination Support?
7.4.10.19 Database management?

7.4.11 Are APHN services provided for deployment related issues?
7.4.11.1 Surveillance?
7.4.11.2 Disease & health event investigation?
7.4.11.3 Outreach?
7.4.11.4 Screening?
7.4.11.5 Referral & Follow Up?
7.4.11.6 Case management of condition of public health importance?
7.4.11.7 Delegated Functions?
7.4.11.8 Health Teaching?
7.4.11.9 Counseling?
7.4.11.10 Consultation?
7.4.11.11 Collaboration?
7.4.11.12 Coalition Building?
7.4.11.13 Community Organizing?
7.4.11.14 Advocacy?
7.4.11.15 Social Marketing?
7.4.11.16 Policy Development / Regulatory Enforcement?
7.4.11.17 Infection Control (Community-Based)?
7.4.11.18 Other clinical services? If so, do services:
    7.4.9.18.1 Order initial labs?
    7.4.9.18.2 Order follow-up labs?
    7.4.9.18.3 Vaccination Support?
7.4.11.19 Database management?

7.4.12 Are APHN services provided for high-risk families?
If so,
7.4.12.1 Surveillance?
7.4.12.2 Disease & health event investigation?
7.4.12.3 Outreach?
7.4.12.4 Screening?
7.4.12.5 Referral & Follow Up?
7.4.12.6 Case management of condition of public health importance?
7.4.12.7 Delegated Functions?
7.4.12.8 Health Teaching?
7.4.12.9 Counseling?
7.4.12.10 Consultation?
7.4.12.11 Collaboration?
7.4.12.12 Coalition Building?
7.4.12.13 Community Organizing?
7.4.12.14 Advocacy?
7.4.12.15 Social Marketing?
7.4.12.16 Policy Development / Regulatory Enforcement?
7.4.12.17 Other clinical services?
7.4.12.18 Database management?

7.4.13 Are APHN services provided for women's/maternal health issues?
If so,
7.4.13.1 Surveillance?
7.4.13.2 Disease & health event investigation?
7.4.13.3 Outreach?
7.4.13.4 Screening?
7.4.13.5 Referral & Follow Up?
7.4.13.6 Case management of condition of public health importance?
7.4.13.7 Delegated Functions?
7.4.13.8 Health Teaching?
7.4.13.9 Counseling?
7.4.13.10 Consultation?
7.4.13.11 Collaboration?
7.4.13.12 Coalition Building?
7.4.13.13 Community Organizing?
7.4.13.14 Advocacy?
7.4.13.15 Social Marketing?
7.4.13.16 Policy Development / Regulatory Enforcement?
7.4.13.17 Other clinical services?
7.4.13.18 Database management?
7.4.13.19 Pregnant Soldiers Wellness Program Support?

7.4.14 Are APHN services provided for men's health?

If so,
7.4.14.1 Surveillance?
7.4.14.2 Disease & health event investigation?
7.4.14.3 Outreach?
7.4.14.4 Screening?
7.4.14.5 Referral & Follow Up?
7.4.14.6 Case management of condition of public health importance?
7.4.14.7 Delegated Functions?
7.4.14.8 Health Teaching?
7.4.14.9 Counseling?
7.4.14.10 Consultation?
7.4.14.11 Collaboration?
7.4.14.12 Coalition Building?
7.4.14.13 Community Organizing?
7.4.14.14 Advocacy?
7.4.14.15 Social Marketing?
7.4.14.16 Policy Development / Regulatory Enforcement?
7.4.14.17 Other clinical services?
7.4.14.18 Database management?

7.4.15 Are APHN services provided for EFMP/SNRT family members?
If so,
7.4.15.1 Surveillance?
7.4.15.2 Disease & health event investigation?
7.4.15.3 Outreach?
7.4.15.4 Screening?
7.4.15.5 Referral & Follow Up?
7.4.15.6 Case management of condition of public health importance?
7.4.15.7 Delegated Functions?
7.4.15.8 Health Teaching?
7.4.15.9 Counseling?
7.4.15.10 Consultation?
7.4.15.11 Collaboration?
7.4.15.12 Coalition Building?
7.4.15.13 Community Organizing?
7.4.15.14 Advocacy?
7.4.15.15 Social Marketing?
7.4.15.16 Policy Development / Regulatory Enforcement?
7.4.15.17 Other clinical services?
7.4.15.18 Database management?

7.4.16 Are APHN services provided for substance abuse (e.g. Tobacco Control, alcohol, etc.)?
If so,
7.4.16.1 Surveillance?
7.4.16.2 Disease & health event investigation?
7.4.16.3 Outreach?
7.4.16.4 Screening?

7.4.16.5 Referral & Follow Up?
7.4.16.6 Case management of condition of public health importance?
7.4.16.7 Delegated Functions?
7.4.16.8 Health Teaching?
7.4.16.9 Counseling?
7.4.16.10 Consultation?
7.4.16.11 Collaboration?
7.4.16.12 Coalition Building?
7.4.16.13 Community Organizing?
7.4.16.14 Advocacy?
7.4.16.15 Social Marketing?
7.4.16.16 Policy Development / Regulatory Enforcement?
7.4.16.17 Other clinical services?
7.4.16.18 Database management?

7.4.17 Are APHN services provided for health promotion?
If so,
7.4.17.1 Surveillance?
7.4.17.2 Disease & health event investigation?
7.4.17.3 Outreach?
7.4.17.4 Screening?
7.4.17.5 Referral & Follow Up?
7.4.17.6 Case management of condition of public health importance?
7.4.17.7 Delegated Functions?
7.4.17.8 Health Teaching?
7.4.17.9 Counseling?
7.4.17.10 Consultation?
7.4.17.11 Collaboration?
7.4.17.12 Coalition Building?
7.4.17.13 Community Organizing?
7.4.17.14 Advocacy?
7.4.17.15 Social Marketing?
7.4.17.16 Policy Development / Regulatory Enforcement?
7.4.17.17 Infection Control (Community-Based)?
7.4.17.18 Other clinical services? If so, do services:
    7.4.17.18.1 Order initial labs?
    7.4.17.18.2 Order follow-up labs?
    7.4.17.18.3 Vaccination Support?
7.4.17.19 Database management?

7.4.18 Are APHN services provided for the prevention of unplanned pregnancy/paternity?
If so,
7.4.18.1 Surveillance?
7.4.18.2 Disease & health event investigation?
7.4.18.3 Outreach?
7.4.18.4 Screening?
7.4.18.5 Referral & Follow Up?

7.4.18.6 Case management of condition of public health importance?
7.4.18.7 Delegated Functions?
7.4.18.8 Health Teaching?
7.4.18.9 Counseling?
7.4.18.10 Consultation?
7.4.18.11 Collaboration?
7.4.18.12 Coalition Building?
7.4.18.13 Community Organizing?
7.4.18.14 Advocacy?
7.4.18.15 Social Marketing?
7.4.18.16 Policy Development / Regulatory Enforcement?
7.4.18.17 Other clinical services?
7.4.18.18 Database management?

7.4.19 Are APHN services provided for childhood lead poisoning prevention?
If so,
7.4.19.1 Surveillance?
7.4.19.2 Disease & health event investigation?
7.4.19.3 Outreach?
7.4.19.4 Screening?
7.4.19.5 Referral & Follow Up?
7.4.19.6 Case management of condition of public health importance?
7.4.19.7 Delegated Functions?
7.4.19.8 Health Teaching?
7.4.19.9 Counseling?
7.4.19.10 Consultation?
7.4.19.11 Collaboration?
7.4.19.12 Coalition Building?
7.4.19.13 Community Organizing?
7.4.19.14 Advocacy?
7.4.19.15 Social Marketing?
7.4.19.16 Policy Development / Regulatory Enforcement?
7.4.19.17 Infection Control (Community-Based)?
7.4.19.18 Other clinical services? If so, do services:
7.4.19.18.1 Order initial labs?
7.4.19.18.2 Order follow-up labs?
7.4.19.19 Database management?

7.4.20 Are APHN services provided for Child and Youth Services Programs?
If so,
7.4.20.1 Surveillance?
7.4.20.2 Disease & health event investigation?
7.4.20.3 Outreach?
7.4.20.4 Screening?
7.4.20.5 Referral & Follow Up?
7.4.20.6 Case management of condition of public health importance?
7.4.20.7 Delegated Functions?

7.4.20.8 Health Teaching?
7.4.20.9 Counseling?
7.4.20.10 Consultation?
7.4.20.11 Collaboration?
7.4.20.12 Coalition Building?
7.4.20.13 Community Organizing?
7.4.20.14 Advocacy?
7.4.20.15 Social Marketing?
7.4.20.16 Policy Development / Regulatory Enforcement?
7.4.20.17 Infection Control (Community-Based)?
7.4.20.18 Inspections?
7.4.20.19 Database management?

7.4.21 Are APHN services provided for on-post schools?
If so,
7.4.21.1 Surveillance?
7.4.21.2 Disease & health event investigation?
7.4.21.3 Outreach?
7.4.21.4 Screening?
7.4.21.5 Referral & Follow Up?
7.4.21.6 Case management of condition of public health importance?
7.4.21.7 Delegated Functions?
7.4.21.8 Health Teaching?
7.4.21.9 Counseling?
7.4.21.10 Consultation?
7.4.21.11 Collaboration?
7.4.21.12 Coalition Building?
7.4.21.13 Community Organizing?
7.4.21.14 Advocacy?
7.4.21.15 Social Marketing?
7.4.21.16 Policy Development / Regulatory Enforcement?
7.4.21.17 Infection Control (Community-Based)?
7.4.21.18 Inspections?
7.4.21.19 Database management?

7.4.22 Are APHN services provided for suicide prevention?
If so,
7.4.22.1 Surveillance?
7.4.22.2 Disease / health event investigation?
7.4.22.3 Outreach?
7.4.22.4 Screening?
7.4.22.5 Referral & Follow Up?
7.4.22.6 Case management of condition of public health importance?
7.4.22.7 Delegated Functions?
7.4.22.8 Health Teaching?
7.4.22.9 Counseling?
7.4.22.10 Consultation?

7.4.22.11 Collaboration?
7.4.22.12 Coalition Building?
7.4.22.13 Community Organizing?
7.4.22.14 Advocacy?
7.4.22.15 Social Marketing?
7.4.22.16 Policy Development / Regulatory Enforcement?
7.4.22.17 Other clinical services?
7.4.22.17.1 If so, describe _____
7.4.22.18 Database management?

7.4.23 Are APHN services provided for childhood abuse/neglect?
If so,
7.4.23.1 Surveillance?
7.4.23.2 Disease / health event investigation?
7.4.23.3 Outreach?
7.4.23.4 Screening?
7.4.23.5 Referral & Follow Up?
7.4.23.6 Case management of condition of public health importance?
7.4.23.7 Delegated Functions?
7.4.23.8 Health Teaching?
7.4.23.9 Counseling?
7.4.23.10 Consultation?
7.4.23.11 Collaboration?
7.4.23.12 Coalition Building?
7.4.23.13 Community Organizing?
7.4.23.14 Advocacy?
7.4.23.15 Social Marketing?
7.4.23.16 Policy Development / Regulatory Enforcement?
7.4.23.17 Other clinical services?
7.4.23.17.1 If so, describe _____
7.4.23.18 Database management?

7.4.24 Are APHN services provided for needle stick injuries?
If so,
7.4.24.1 Surveillance?
7.4.24.2 Disease & health event investigation?
7.4.24.3 Outreach?
7.4.24.4 Screening?
7.4.24.5 Referral & Follow Up?
7.4.24.6 Case management of condition of public health importance?
7.4.24.7 Delegated Functions?
7.4.24.8 Health Teaching?
7.4.24.9 Counseling?
7.4.24.10 Consultation?
7.4.24.11 Collaboration?
7.4.24.12 Coalition Building?
7.4.24.13 Community Organizing?

7.4.24.14 Advocacy?
7.4.24.15 Social Marketing?
7.4.24.16 Policy Development / Regulatory Enforcement?
7.4.24.17 Infection Control (Community-Based)?
7.4.24.18 Other clinical services? If so, do services:
7.4.24.18.1 Order initial labs?
7.4.24.18.2 Order follow-up labs?
7.4.24.19 Database management?

7.4.25 Are APHN services provided for nutrition?
If so,
7.4.25.1 Surveillance?
7.4.25.2 Disease & health event investigation?
7.4.25.3 Outreach?
7.4.25.4 Screening?
7.4.25.5 Referral & Follow Up?
7.4.25.6 Case management of condition of public health importance?
7.4.25.7 Delegated Functions?
7.4.25.8 Health Teaching?
7.4.25.9 Counseling?
7.4.25.10 Consultation?
7.4.25.11 Collaboration?
7.4.25.12 Coalition Building?
7.4.25.13 Community Organizing?
7.4.25.14 Advocacy?
7.4.25.15 Social Marketing?
7.4.25.16 Policy Development / Regulatory Enforcement?
7.4.25.17 Infection Control (Community-Based)?
7.4.25.18 Other clinical services? If so, do services:
7.4.25.18.1 Order initial labs?
7.4.25.18.2 Order follow-up labs?
7.4.25.19 Database management?

7.4.26 Are APHN services provided for Building Strong and Ready Program?
If so,
7.4.26.1 Surveillance?
7.4.26.2 Disease & health event investigation?
7.4.26.3 Outreach?
7.4.26.4 Screening?
7.4.26.5 Referral & Follow Up?
7.4.26.6 Case management of condition of public health importance?
7.4.26.7 Delegated Functions?
7.4.26.8 Health Teaching?
7.4.26.9 Counseling?
7.4.26.10 Consultation?
7.4.26.11 Collaboration?
7.4.26.12 Coalition Building?

7.4.26.13 Community Organizing?
7.4.26.14 Advocacy?
7.4.26.15 Social Marketing?
7.4.26.16 Policy Development / Regulatory Enforcement?
7.4.26.17 Infection Control (Community-Based)?
7.4.26.18 Inspections?
7.4.26.19 Database management?

7.4.27 Are APHN services provided for injury prevention?
If so,
7.4.27.1 Surveillance?
7.4.27.2 Disease & health event investigation?
7.4.27.3 Outreach?
7.4.27.4 Screening?
7.4.27.5 Referral & Follow Up?
7.4.27.6 Case management of condition of public health importance?
7.4.27.7 Delegated Functions?
7.4.27.8 Health Teaching?
7.4.27.9 Counseling?
7.4.27.10 Consultation?
7.4.27.11 Collaboration?
7.4.27.12 Coalition Building?
7.4.27.13 Community Organizing?
7.4.27.14 Advocacy?
7.4.27.15 Social Marketing?
7.4.27.16 Policy Development / Regulatory Enforcement?
7.4.27.17 Infection Control (Community-Based)?
7.4.27.18 Inspections?
7.4.27.19 Database management?

7.4.28 Are APHN services provided for the Self-Care Program?
If so,
7.4.28.1 Surveillance?
7.4.28.2 Disease & health event investigation?
7.4.28.3 Outreach?
7.4.28.4 Screening?
7.4.28.5 Referral & Follow Up?
7.4.28.6 Case management of condition of public health importance?
7.4.28.7 Delegated Functions?
7.4.28.8 Health Teaching?
7.4.28.9 Counseling?
7.4.28.10 Consultation?
7.4.28.11 Collaboration?
7.4.28.12 Coalition Building?
7.4.28.13 Community Organizing?
7.4.28.14 Advocacy?
7.4.28.15 Social Marketing?

7.4.28.16 Policy Development / Regulatory Enforcement?
7.4.28.17 Infection Control (Community-Based)?
7.4.28.18 Inspections?
7.4.28.19 Database management?

7.4.29 Are APHN services provided for spiritual fitness?
If so,
7.4.29.1 Surveillance?
7.4.29.2 Disease & health event investigation?
7.4.29.3 Outreach?
7.4.29.4 Screening?
7.4.29.5 Referral & Follow Up?
7.4.29.6 Case management of condition of public health importance?
7.4.29.7 Delegated Functions?
7.4.29.8 Health Teaching?
7.4.29.9 Counseling?
7.4.29.10 Consultation?
7.4.29.11 Collaboration?
7.4.29.12 Coalition Building?
7.4.29.13 Community Organizing?
7.4.29.14 Advocacy?
7.4.29.15 Social Marketing?
7.4.29.16 Policy Development / Regulatory Enforcement?
7.4.29.17 Infection Control (Community-Based)?
7.4.29.18 Inspections?
7.4.29.19 Database management?

7.4.30 Are APHN services provided for families of deployed service members?
If so,
7.4.30.1 Surveillance?
7.4.30.2 Disease & health event investigation?
7.4.30.3 Outreach?
7.4.30.4 Screening?
7.4.30.5 Referral & Follow Up?
7.4.30.6 Case management of condition of public health importance?
7.4.30.7 Delegated Functions?
7.4.30.8 Health Teaching?
7.4.30.9 Counseling?
7.4.30.10 Consultation?
7.4.30.11 Collaboration?
7.4.30.12 Coalition Building?
7.4.30.13 Community Organizing?
7.4.30.14 Advocacy?
7.4.30.15 Social Marketing?
7.4.30.16 Policy Development / Regulatory Enforcement?
7.4.30.17 Infection Control (Community-Based)?
7.4.30.18 Inspections?

7.4.30.19 Database management?

7.4.31 Are APHN services provided for Home Safety Checks?
If so,
7.4.31.1 Surveillance?
7.4.31.2 Disease & health event investigation?
7.4.31.3 Outreach?
7.4.31.4 Screening?
7.4.31.5 Referral & Follow Up?
7.4.31.6 Case management of condition of public health importance?
7.4.31.7 Delegated Functions?
7.4.31.8 Health Teaching?
7.4.31.9 Counseling?
7.4.31.10 Consultation?
7.4.31.11 Collaboration?
7.4.31.12 Coalition Building?
7.4.31.13 Community Organizing?
7.4.31.14 Advocacy?
7.4.31.15 Social Marketing?
7.4.31.16 Policy Development / Regulatory Enforcement?
7.4.31.17 Infection Control (Community-Based)?
7.4.31.18 Inspections?
7.4.31.19 Database management?

7.4.32 Are APHN services provided for the Annual Influenza program?
If so,
7.4.32.1 Surveillance?
7.4.32.2 Disease & health event investigation?
7.4.32.3 Outreach?
7.4.32.4 Screening?
7.4.32.5 Referral & Follow Up?
7.4.32.6 Case management of condition of public health importance?
7.4.32.7 Delegated Functions?
7.4.32.8 Health Teaching?
7.4.32.9 Counseling?
7.4.32.10 Consultation?
7.4.32.11 Collaboration?
7.4.32.12 Coalition Building?
7.4.32.13 Community Organizing?
7.4.32.14 Advocacy?
7.4.32.15 Social Marketing?
7.4.32.16 Policy Development / Regulatory Enforcement?
7.4.32.17 Infection Control (Community-Based)?
7.4.32.18 Inspections?
7.4.32.19 Database management?

7.4.33 Are APHN services provided for stress management?

If so,
7.4.33.1 Surveillance?
7.4.33.2 Disease & health event investigation?
7.4.33.3 Outreach?
7.4.33.4 Screening?
7.4.33.5 Referral & Follow Up?
7.4.33.6 Case management of condition of public health importance?
7.4.33.7 Delegated Functions?
7.4.33.8 Health Teaching?
7.4.33.9 Counseling?
7.4.33.10 Consultation?
7.4.33.11Collaboration?
7.4.33.12 Coalition Building?
7.4.33.13 Community Organizing?
7.4.33.14 Advocacy?
7.4.33.15 Social Marketing?
7.4.33.16 Policy Development / Regulatory Enforcement?
7.4.33.17 Infection Control (Community-Based)?
7.4.33.18 Inspections?
7.4.33.19 Database management?

7.4.34 Is another APHN service being provided?
If yes, describe:_____
7.4.34.1 Surveillance?
7.4.34.2 Disease & health event investigation?
7.4.34.3 Outreach?
7.4.34.4 Screening?
7.4.34.5 Referral & Follow Up?
7.4.34.6 Case management of condition of public health importance?
7.4.34.7 Delegated Functions?
7.4.34.8 Health Teaching?
7.4.34.9 Counseling?
7.4.34.10 Consultation?
7.4.34.11Collaboration?
7.4.34.12 Coalition Building?
7.4.34.13 Community Organizing?
7.4.34.14 Advocacy?
7.4.34.15 Social Marketing?
7.4.34.16 Policy Development / Regulatory Enforcement?
7.4.34.17 Infection Control (Community-Based)?
7.4.34.18 Inspections?
7.4.34.19 Database management?

7.4.35 Is another APHN services being provided?
If yes, Describe:_____
7.4.35.1 Surveillance?
7.4.35.2 Disease & health event investigation?

7.4.35.3 Outreach?
7.4.35.4 Screening?
7.4.35.5 Referral & Follow Up?
7.4.35.6 Case management of condition of public health importance?
7.4.35.7 Delegated Functions?
7.4.35.8 Health Teaching?
7.4.35.9 Counseling?
7.4.35.10 Consultation?
7.4.35.11Collaboration?
7.4.35.12 Coalition Building?
7.4.35.13 Community Organizing?
7.4.35.14 Advocacy?
7.4.35.15 Social Marketing?
7.4.35.16 Policy Development / Regulatory Enforcement?
7.4.35.17 Infection Control (Community-Based)?
7.4.35.18 Inspections?
7.4.35.19 Database management?

EXISTING WORKLOAD METRICS ASSOCIATED WITH ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

A. Community Health Nursing Template

WLF 1.b. Special Needs Resource Team (SNRT)

No. SNRT Referrals x 2 hours / 1740

Variable	Values	Data Source
No. of Referrals	0	Section Logs
Hours Needed for Assessment	2	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

WLF 2: Family Assessment

No. of Referrals x 3 hours

Variable	Values	Data Source
No. of Referrals	0	Section Logs
Hours Needed for Assessment	3	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

WLF 3: Support to Exceptional Family Member Program

No. of Individuals Enrolled in EFMP x 2 hours

Variable	Values	Data Source
No. of Referrals	0	Section Logs
Hours Needed for Assessment	2	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

WLF 4: Discharge Planning

(In-patent Admission Rate x .10 x 2 hours)

Variable	Values	Data Source
Inpatient Admission Rate	0	CHCS (SIDR)
Individuals assessed per month	0.100	Section Logs
Hours Needed for Assessment	2	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

WLF 6: Clinical Consultations (also included under Essential Service #2)

(No. of AD + Beneficiaries) x .15 estimated to be seen in a year x .5 hours per visit / 1740

Variables	Values	Data Source
AD Population	0	MCFAS
Beneficiary Population	0	MCFAS
Rate of Visits Performed	0.15	PM Workload Database
Hours Needed for Visit	0.5	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
TOTAL FTEs required		

This WLF accounts for the clinical visits associated with STI contact tracing, reportable medical events (RMES), home health care visits, etc. Note: This workload factor is related to WLF 3 in Epidemiology and Disease Surveillance for the PM physician's portion of the workload.

B. Health Promotion and Wellness Template

WLF 3: Clinical Consultations

(No. of AD + Beneficiaries) x .15 estimated to be seen in a year x 10 minutes per visit / 1740

Variables	Values	Data Source
AD Population	0	MCFAS
Beneficiary Population	0	MCFAS
Rate of Visits Performed	0.15	PM Workload Database
Hours Needed for Visit (15 Minutes)	0.17	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
TOTAL FTEs required		

C. Epidemiology and Disease Control

((AD Workforce) / 50 x 2.5 hours to perform) / 1740)

Variable	Values	Data Source
AD Workforce	0	MCFAS
Individuals per Group	50	PM Workload Database
Hours for SRC	2.5	PM Workload Database
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

Essential Service # 8: Assure a Competent Public Health and Personal Health Care Workforce

For the APHN, this service includes:

- Assessment of APHN workforce (including volunteers and other lay community health workers) to meet community needs for public and targeted personal health services.

- Maintaining public health nursing workforce standards, including efficient processes for licensure/credentialing of professionals and incorporation of core public health nursing competencies needed to provide the Essential Public Health Services into personnel systems.

- Adoption of continuous quality improvement and life-long learning programs for all members of the public health nursing workforce, including opportunities for formal and informal public health nursing leadership development.

Indicator 8.1: Workforce Assessment

APHN Model Standard:
Workforce assessment is the process of determining the competencies, skills, and knowledge; categories and number of personnel; and training needed to achieve community public and personal health goals. It is a community process that includes the identification of those available to contribute to the provision of the Essential Public Health Services and the particular strengths and assets that each brings. Workforce assessment includes the projection of optimal numbers and types of personnel and the formulation of plans to address identified workforce shortfalls or gaps.

To accomplish this, the APHN Service:

- Establish a collaborative process to periodically determine the competencies, composition, and size of the public health nursing that is required to provide the Essential Public Health Services.

- Identify and address gaps in the public health nursing using information from the assessment.

- Distribute information from the workforce assessment to the local MTF Command Group, APHN OTSG Consultant, and MEDCOM Manpower.

Please answer the following questions related to Indicator 8.1:

8.1.1 Does the APHN Supervisor conduct periodic workforce assessments?
If so, did the workforce assessment:

8.1.1.2 Identify public health nursing workforce competencies within the framework of the Essential Public Health Services?
8.1.1.3 Determine the composition of the public health nursing workforce?
8.1.1.4 Determine the size of the public health nursing workforce?

8.1.1.5 Address the role of volunteers and other lay community health workers?
8.1.1.6 Identify areas for improvement through continuing education and training?

8.1.2 Have gaps within the APHN Section workforce been identified?
If so,

8.1.2.1 Were gaps related to APHN Section workforce composition identified?
8.1.2.2 Were gaps related to APHN Section workforce size identified?
8.1.2.3 Are the results of the workforce assessment used to develop plans to address workforce gaps?
8.1.2.4 Has the CHN implemented plans for correction?
8.1.2.5 Is there a formal process to evaluate the effectiveness of plans to address workforce gaps?

8.1.3 Were the results of the workforce assessment disseminated to senior military representatives?
Is so, were they shared with:
8.1.3.1 MTF Command Group
8.1.3.2 APHN OTSG Consultant
8.1.3.3 MEDCOM Manpower?
8.1.3.4 Other _____?

Indicator 8.2: Public Health Workforce Standards

APHN Model Standard:
The APHN Service develops and maintains public health workforce standards. Public health workforce qualifications include credentials, certifications, licenses, and education required by law or established by local, state, federal, or DA/DoD policy guidelines. In addition, core and specific competencies that are incorporated into personnel systems. These standards are linked to job performance through clearly written position descriptions and regular performance evaluations.

To accomplish this, the APHN Service Members/Supervisor:

- Is aware of and in compliance with guidelines and/or licensure/certification requirements related to public health nursing practice.
- Periodically develop, use, and review job standards and position descriptions that incorporate specific competency and performance expectations.
- Evaluate members of the public health workforce on their demonstration of nursing application of the core public health competencies and those competencies specific to a work function or setting and encourage staff to respond to evaluations and performance goal adjustments by taking advantage of continuing education and training opportunities.
- Is aware of Public Health Informatics Competencies.
- Is aware of American Nurses Association Standards for nursing languages.

Please answer the following questions related to Indicator 8.2:

8.2.1 Are the APHNs aware of and in compliance with guidelines and/or licensure/certification requirements for public health nursing?

8.2.3 Does the APHN develop written job standards and/or position descriptions for APHN personnel?

If so,

8.2.3.1 Are job competencies specified for each position?
8.2.3.2 Are types and levels of experience and education specified for each position?
8.2.3.3 Are required certifications or licenses specified for positions?
8.2.3.4 Are performance expectations included in job descriptions?
8.2.3.5 Are volunteer and lay community health positions included?
8.2.3.6 Are the job standards and/or position descriptions reviewed periodically?
If so, does the review:

8.2.3.6.1 Occur annually?
8.2.3.6.2 Include employee input?
8.2.3.6.3 Include supervisory input?

8.2.2.6.4 Lead to revision of the job standards and/or position descriptions?

8.2.5 Does the APHN Supervisor conduct performance evaluations?
If so,

8.2.5.1 Are performance evaluations conducted annually?
8.2.5.2 Are performance evaluations based on the demonstration of core public health competencies?
8.2.5.3 Are performance evaluations based on demonstration of competencies specific to a work function or setting?
8.2.5.4 Are performance evaluations based on direct observations of staff performance?
8.2.5.5 Are performance goals for individual workers adjusted as part of the performance evaluation?
8.2.5.6 Are employees encouraged to respond to performance evaluations?
If so,

8.2.3.1.1 Are employees encouraged to participate in continuing education and training?

8.2.5.7 Are evaluators trained in techniques for performance appraisal as part of an overall performance improvement process?

8.2.7 Are Public Health Informatics Standards included in APHN job descriptions?

8.2.8 Are APHN personnel evaluated on compliance with NIDSEC standards?

Indicator 8.3: Life-Long Learning Through Continuing Education, Training, and Mentoring

APHN Model Standard:
Continuing education and training include formal and informal educational opportunities. This may encompass distance learning, workshops, seminars, national and regional conferences, and other activities intended to strengthen the professional knowledge and skills of employees contributing to the provision of the Essential Public Health Services. Experienced mentors and coaches are available to less experienced staff to provide advice, assist with skill development and other needed career resources. Opportunities are available for staff to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health disciplines. Through these academic linkages, the public health workforce, faculty, and students are provided opportunities for relevant interaction, which enriches both settings.

The complexity of promoting health and preventing disease in an organization as diverse as the United States Army requires the public health workforce to continually learn and apply new knowledge. Factors such as the social environment, physical environment, economic status, genetic predisposition, behavioral risk factors, and health care also influence health and well-being. An understanding and respect for this diversity and the underlying factors that address health are critical to the performance of all of the Essential Public Health Services. The APHN respects diverse perspectives and cultural values and expects staff to demonstrate cultural competence in all interactions based on the dignity and value of each individual as a professional colleague or community member.

To accomplish this, organizations within the APHN Section:

- Identify education and training needs and encourage opportunities for public health nursing workforce development.
- Provide opportunities for all APHN personnel to develop core public health competencies.
- Provide incentives (e.g., improvements in pay scale, release time, tuition reimbursement) for the public health workforce to pursue education and training.
- Provide opportunities for public health nursing workforce members, faculty and student interaction to mutually enrich practice-academic settings.
- Receives mentoring and support from their Regional Chief APHN.
- New 6A-F5 Graduates complete established Preceptorship Program within timelines.
- All APHN staff receive and successfully complete a comprehensive orientation.
- Receives support from the Army TSG Consultant for APHN Practice.

Please answer the following questions related to Indicator 8.3:

8.3.1 Does the APHN Service identify education and training needs and encourage opportunities for public health workforce development?

If so,

8.3.1.1 Does public health nursing workforce development utilize a variety of training modalities?
If so, does this include:

8.3.1.1.1 Distance learning technology?
8.3.1.1.2 National and regional conferences?
8.3.1.1.3 Staff cross-training?
8.3.1.1.4 Coaching?
8.3.1.1.5 Mentoring and modeling?

8.3.2 Does the Preventive Medicine Service provide opportunities for APHN personnel to develop core public health competencies?
If so, do these core competencies include:

8.3.2.1 An understanding of the Essential Public Health Services?
8.3.2.2 An understanding of the multiple determinants of health to develop more effective public health interventions?
8.3.2.3 Cultural competence to interact with colleagues and community members?
8.3.2.4 Public health nursing competencies?

8.3.3 Are incentives provided to the workforce to participate in educational and training experiences?
If so, do these incentives include:

8.3.3.1 Career advancement?
8.3.3.2 Time off for coursework or conferences?
8.3.3.3 Tuition reimbursement?
8.3.3.4 Recognition by supervisors?

8.3.4 Are there opportunities for interaction between staff of APHN organizations and faculty from academic and research institutions, particularly those connected with schools of public health?
If so, please list what opportunities are available:

8.3.6 Do APHN personnel receive mentoring and support from their Regional APHN?

8.3.7 Are new 6A-F5 Graduates have the opportunity to complete the designated 24 month preceptorship program?

8.3.87 Are APHN staff members, other than 6A-F5 personnel, have the opportunity to complete their orientation?

8.3.9 Does the APHN Section receive support from the Army TSG Consultant for APHN Practice?

Indicator 8.4: Public Health Leadership Development

APHN Model Standard:
Public health leadership is demonstrated by both individuals and organizations that are committed to improving the health of the community. APHN leaders play a vital role in assuring the creation of a public health system, the implementation of the Essential Public Health Services, and the creation and achievement of a shared vision of community health and well-being. The APHN Service encourages the development of leadership capacity that is inclusive, representative of community diversity, and respectful of the community's perspective.

To accomplish this, the organizations within the APHN:

- Provide formal (e.g., educational programs, leadership institutes) and informal (e.g., coaching, mentoring) opportunities for leadership development APHN Staff.
- Promote collaborative leadership through the creation of an APHN Service with a shared vision and participatory decision-making.
- Assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction, or resources.
- Provide opportunities for development of diverse community leadership to assure sustainability of public health nursing initiatives.

Please answer the following questions related to Indicator 8.4:

8.4.1 Does the APHN Service promote the development of leadership skills?
If so, is leadership skill development promoted by:

8.4.1.1 Encouraging potential leaders to attend formal military and civilian leadership training?

8.4.1.4 Using performance evaluation plans to establish leadership expectations and to recognize leadership competence--both individual and collaborative--in team, unit, and other internal and external settings?

8.4.3 Does the APHN Service assure that staff nurses have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction, or resources?

8.4.4 Does the APHN Service provide opportunities to develop community leadership through coaching and mentoring?

EXISTING WORKLOAD METRICS ASSOCIATED WITH ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce and Population-Based Health Services

A. Community Health Nursing Template
No WLF is associated under this template with APHN contributions to Essential Service # 8

B. Health Promotion and Wellness Template

WLF CT6: Regional Responsibilities (Includes Travel to Geographically Separated Units (GSUs))

Variable	Values	Data Source
No. of Satellite Locations	0	
Average Length of Stay	0	
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

C. Epidemiology and Disease Control
No WLF is associated under this template with APHN contributions to Essential Service # 8

Essential Service # 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

For the APHN, this service includes:

- Assessing the effectiveness, accessibility and quality of Army Public Health Nursing services provided.
- Providing information necessary for allocating resources and reshaping programs.

Indicator 9.1: Evaluation of Army Public Health Nursing Services

APHN Model Standard:
The APHN regularly evaluates the effectiveness, accessibility, and quality of public health nursing services (e.g., health promotion, disease non-battle injury (DNBI) prevention, and other public health services, etc.) and progress towards program goals. Using established criteria for performance, APHN organizations are evaluated against specific indicators for public health nursing services. The evaluation of public health nursing services is built on the analysis of health status, data on health-related behavior, service utilization, and community satisfaction data to assess program effectiveness and to provide information to allocate resources and reshape programs.

Additionally, attention is given to the ability of APHN to deliver nursing services across the life stages and population groups. The survey addresses satisfaction with access to public health nursing services.

To accomplish this, the APHN:

- Evaluates public health nursing services against established criteria for performance, including the extent to which program goals are achieved for these services.
- Assesses community satisfaction with APHN through a broad-based process, which includes residents who are representative of the community and groups at increased risk of negative health outcomes and risky behaviors.
- Identifies gaps in the provision of public health nursing services.
- Uses evaluation findings to modify the strategic and operational plans of APHN organizations to improve services and programs.
- Uses information technology to assure quality of nursing services.

- Evaluate the accessibility, quality, and effectiveness of APHN services.
- Assess the satisfaction of clients (including those at increased risk of negative health outcomes and unhealthy behaviors).

- Use information technology to assure quality of APHN services and connections among providers.

Please answer the following questions related to Indicator 9.1:

9.1.1 Does the APHN routinely evaluate its public health nursing services?
If so,

9.1.1.1 Are established criteria used to evaluate public health nursing services?
If so, do these criteria include:

9.1.1.1.1 Established targets for access to population-based health services (e.g., immunization rates)?
9.1.1.1.2 Quality standards for population-based health services (e.g. *The Guide to Community Preventive Services*)?
9.1.1.1.3 Established targets for the effectiveness of population-based health services (e.g., Healthy People 2010 objectives)?

9.1.1.2 Does the evaluation determine the extent to which program goals are achieved for population-based health services?
If so, does evaluation of program goals include determining:

9.1.1.2.1 Access to population-based health services?
9.1.1.2.2 Quality of the population-based health services?
9.1.1.2.3 Effectiveness of the population-based health services?

9.1.2 Does the APHN assess community satisfaction with population-based health services?
If so, does the assessment:

9.1.2.1 Gather input from beneficiaries representing a cross-section of the community?
9.1.2.2 Determine if beneficiaries' needs are being met, including those groups at increased risk of negative health outcomes and risky behaviors?
9.1.2.3 Determine beneficiaries satisfaction with the responsiveness to their complaints or concerns regarding population-based health services?
9.1.2.4 Identify areas where population-based health services can be improved?

9.1.3 Does the APHN identify gaps in the provision of population-based health services?

9.2.1. Does the APHN routinely evaluate public health nursing services provided? If so, were the following assessed:

9.2.1.1 Access to APHN services?
9.2.1.2 The quality of APHN services?
9.2.1.3 The effectiveness of APHN services?

9.2.2 Were specific APHN services in the community evaluated against established criteria?

9.2.3 Does the APHN assess client satisfaction with community health nursing services?

9.2.4 Does the APHN use information technology to assure quality of nursing services? If so,

9.2.4.1 Do organizations use computerized medical records?
9.2.4.2 Is information technology used to facilitate connections among providers?

9.2.5 Does APHN the results of the evaluation in the development of their strategic and operational plans?

Indicator 9.3: Evaluation of the Local Public Health System

Under development.

EXISTING WORKLOAD METRICS ASSOCIATED WITH ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

A. Community Health Nursing Template

WLF CT2: Program Evaluation

Additative Factor of 10 hours per month x 12 months to perform program evaluation and outcome analysis of services provided.

Variables	Values	Data Source
Hours Needed for Assessment	120	**PM Workload Database**
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

B. Health Promotion and Wellness

WLF CT2: Program Evaluation

Additative Factor of 10 hours per month x 12 months to perform program evaluation and outcome analysis of services provided.

Variables	Values	Data Source
Hours Needed for Assessment	120	**PM Workload Database**
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

C. Epidemiology and Disease Control

WLF CT2: Program Evaluation

Additative Factor of 10 hours per month x 12 months to perform program evaluation and outcome analysis of services provided.

Variables	Values	Data Source
Hours Needed for Assessment	120	**PM Workload Database**
Manpower Standard (1740 hrs/yr)	1740	
Total FTEs required		

Essential Service # 10: Research for New Insights and Innovative Solutions to Health Problems

For the APHN, this service includes:

- A continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in Army Public Health Nursing practice, to more rigorous academic efforts to encourage new directions in scientific research.
- Linkages with institutions of higher learning and research.
- Capacity to mount timely epidemiological and health policy analyses and conduct health systems research.

Indicator 10.1: Fostering Innovation

APHN Model Standard:
The APHN fosters innovation to strengthen public health nursing practice. Innovation includes practical field-based efforts to foster change in public health nursing practice as well as more rigorous academic efforts to encourage new directions in scientific research.

To accomplish this, APHN services*:*

- Enable staff to identify new solutions to health problems in the community by providing the time and resources for staff to determine the feasibility of implementing new ideas.
- Propose to research organizations public health nursing issues for inclusion in their research agenda.
- Research and monitor best practice information from other military and civilian agencies and organizations at all levels.
- Encourage collaborative community participation in research development and implementation (e.g., identifying research priorities, designing studies, preparing related communications for dissemination of information).
- Receives Chief Nurse/Deputy Commander for Nursing Services support for APHN research.
- Receives Chief, Preventive Medicine Support for APHN research.

Please answer the following questions related to Indicator 10.1:

10.1.1 Does the local APHN leadership encourage staff to develop new solutions to public health nursing problems in the community?
If so,

10.1.1.1 Does the local APHN leadership provide time and/or resources for staff to pilot test new solutions?

10.1.1.2 Has the APHN service identified barriers to implementing innovative solutions to health problems within the community?

10.1.1.3 Does the APHN service implement innovations determined to be most likely to lead to improved public health nursing practice?

10.1.2 Has the APHN service proposed to research organizations one or more public health nursing issues for inclusion in their research agenda?

10.1.3 Does the APHN service identify and/or monitor best practices developed by other public health agencies or organizations?

10.1.4 Does the APHN service encourage community participation in the development or implementation of research?

10.1.6 Does the local Chief Nurse/Deputy Commander for Nursing support research for APHN practice?

10.1.7 Does the Chief, Preventive Medicine Services support research for public health nursing practice?

Indicator 10.2: Linkage with Institutions of Higher Learning and/or Research

CHN Model Standard:
The APHN service establishes a wide range of relationships with institutions of higher learning and/or research organizations, including patterns of mutual consultation, and formal and informal affiliation. Such relationships can occur with schools of public health as well as with schools and departments of medicine, nursing, pharmacy, allied health, business and environmental science. The APHN service establishes linkages with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The APHN service links with one or more institutions of higher learning and/or research organizations to co-sponsor continuing education programs. Resources such as a technical library, on-line services, and information technology support these linkages. Links with professionals with a background in community-based and population-based research methodologies.

To accomplish this, the APHN service:

- Partners with institutions of higher learning or research to conduct research activities related to the Essential Public Health Services.
- Develops relationships with these institutions that range from patterns of consultation to formal and informal affiliations.
- Encourages proactive interaction between the academic/research and practice communities, including field training experiences and continuing education opportunities.

Please answer the following questions related to Indicator 10.2:

10.2.1 Does the APHN service partner with at least one institution of higher learning and/or research organization to conduct research related to the Essential Public Health Services?

10.2.2 Does the APHN service develop relationships with institutions of higher learning and/or research organizations?
If so, do these relationships include:

- 10.2.2.1 Consultations?
- 10.2.2.2 Formal affiliations?
- 10.2.2.3 Informal affiliations?
- 10.2.2.4 Technical assistance?

10.2.3 Does the APHN service encourage proactive interaction between the academic and practice communities?
If so, does this interaction include:

- 10.2.3.1 Exchange of faculty and public health workforce members?
- 10.2.3.2 Arrangements with institutions of higher learning and/or research organizations to provide field training or work-study experiences for their students or interns?

10.2.3.3 Co-sponsored continuing education for the public health workforce?

10.2.5 Does the APHN partner with military nursing research?

If so,

10.2.5.1 Are partnerships established at the local level?

10.2.5.2 Are partnerships established with the Regional Nursing Research Cell?

Indicator 10.3: Capacity to Initiate or Participate in Timely Epidemiological, Health Policy, and Health Systems Research

APHN **Model Standard:**
The APHN initiates and/or participates in research that contributes to epidemiological and health policy analyses and improved public health system performance. This research includes the examination of factors related to the efficient and effective implementation of the Essential Public Health Services as well as the study of variables that influence public health nursing care quality and service delivery (health services research).

The capacity to initiate or participate in timely epidemiological, policy, and health systems research begins with ready access to researchers with the knowledge and skill to design and conduct research in those areas. This capacity also includes the availability of resources, facilities for analyses, and the ability to disseminate and apply research findings to improve public health practice.

To accomplish this, the APHN service**:**

- Has access to researchers with the knowledge and skill to design and conduct public health-related studies.
- Ensures the availability of resources (e.g., databases, information technology) to facilitate research.
- Plans for the dissemination of research findings to public health nursing colleagues (e.g., publication in journals, websites).
- Evaluates the development, implementation, and impact of APHN research efforts.

Please answer the following questions related to Indicator 10.3:

10.3.1 Does the APHN have access to researchers (either on staff or through other arrangements)?
If so, do one or more of the researchers have training or experience in the following research methods:

10.3.1.1 Epidemiology?
10.3.1.2 Health policy?
10.3.1.3 Health economics?
10.3.1.4 Health services?
10.3.1.5 Health systems?
10.3.1.6 Community Practice research?
10.3.1.7 Public Health Nursing Practice research?

10.3.2 Within the community, are there resources to facilitate APHN research?
If so, do these resources include:

10.3.2.1 Databases?
10.3.2.2 Technical libraries?

10.3.2.3 Distance learning?
10.3.2.4 On-line resources?

10.3.3 Does the APHN plan for the dissemination of research findings to public health colleagues?

If so,
10.3.3.1 Does the APHN publish findings from their research?

10.3.4 Does the APHN evaluate its research activities?
If so, does the APHN evaluate the:

10.3.4.1 Development of research activities?
10.3.4.2 Implementation of research activities?
10.3.4.3 Impact of research activities?

Glossary

The definitions used in this document can be found at:

http://www.cdc.gov/od/ocphp/nphpsp/documents/Glossary.pdf

Additional Definitions

Advocacy – "Advocacy pleads someone's cause or acts on someone's behalf, with a focus on developing the community, system, individual, or family's capacity to plead their own cause or act on their own behalf" (Public Health Nursing Section: Minnesota Department of Health, 2001)

Area of Responsibility - An operational area defined by the joint force commander for land and naval forces. Areas of responsibility do not typically encompass the entire operational area of the joint force commander, but should be large enough for component commanders to accomplish their missions and protect their forces.

Army Installation Health Promotion Council – will be a multidisciplinary team appointed and on orders by the installation commander / community leader. The Army Installation Health Promotion Council are advisors to the installation commander / community leader on heath promotion programs; to include program procedures, community health education, health risk assessments and program evaluation efforts. More information is available in AR 600-63 Army Health Promotion.

Army One Source
A comprehensive electronic information resource to help military families face everyday life changes. More information available at http://www.armyonesource.com/

Army Well Being Council – "Army Well-Being is directly linked to the relevance and readiness of our Army. Well- Being programs focus on meeting the needs of Soldiers (Active Duty, Army National Guard and Army Reserve), DA Civilians, Veterans, Retirees and Families – before, during and after deployment....Army Well-Being is the "bridge" that connects Army needs with individual needs and at the core of all Well-Being initiatives are four strategic goals. These goals address the primary and basic needs of each member of the Total Army Family – To Serve, To Live, To Connect and To Grow." Installation steering committees coordinate initiatives and resources to meet the Army Well-Being goals. More information is available at http://www.army.mil/WellBeing/

Catchment Area – Defined geographic area served by a hospital, clinic, or dental clinic and delineated on the basis of such factors as population distribution, natural geographic boundaries, and transportation accessibility. For the DoD Components, those geographic areas are determined by the Assistant Secretary of Defense (Health Affairs) and are defined by a set of 5-digit zip codes, usually within an approximate 40-mile radius of military inpatient treatment facilities.

Coalition Building – "Coalition building promotes and develops alliances among organizations or constituencies for a common purpose. It builds linkages, solves problems, and/or enhances local leadership" (Public Health Nursing Section: Minnesota Department of Health, 2001)

Collaboration - "Collaboration commits two or more persons or organizations to achieving a common goal through enhancing the capacity of one or more of them to promote and protect health" (Public Health Nursing Section: Minnesota Department of Health, 2001)

Community Organizing – The Public Health Nursing Section of the Minnesota Department of Health (2001) state "Community organizing helps community groups identify common problems or goals, mobilize resources, and develop and implement strategies for reaching the goals they collectively have set."

Consultation – "Consultation seeks information and generates optional solutions to perceived problems or issues through interactive problem-solving with a community, system, family, or individual. The community, systems, family or individual selects and acts on the option best meeting the circumstances" (Public Health Nursing Section: Minnesota Department of Health, 2001)

Counseling – "Counseling establishes an interpersonal relationship with a community, systems, family or individual intended to increase or enhance their capacity for self-care and coping. Counseling engages the community, system, family, or individual at an emotional level" (Public Health Nursing Section: Minnesota Department of Health, 2001)

Delegated Functions - "Delegated functions are direct care tasks by a registered professional nurse carries out under the authority of a health care practioner, as allowed by law. Delegated functions also include any direct care tasks a registered professional nurse entrusts to other appropriate personnel to perform" (Public Health Nursing Section: Minnesota Department of Health, 2001)

Deployment Cycle Support - The Deployment Cycle Support Program is designed to assist Army personnel as they return to their communities, reunite with families and loved ones, and re-establish the readiness of the force. This presentation will provide participants with an overview of the DCS Program key elements that are designed to facilitate Soldier and family transitions from deployments to "home station" duties. The focus of this program is on providing Soldiers with the information they need to make these transitions as smooth as possible as well as providing them with the assistance they need based on individual assessments. Through the DCS Program redeploying Soldiers, civilians and their families will have access to training, education and support programs and providers to help with personal well-being, family health and reintegration with the community as a whole.

Diagnosis Related Group (DRG) - Patient classification system that relates demographic, diagnostic, and therapeutic characteristics of patients to length of inpatient stay and amount of resources consumed. It provides a framework for specifying hospital case mix and identifies classifications of illnesses and injuries for which payment is made under prospective pricing programs.

ESSENCE is the Electronic Surveillance System for the Early Notification of Community-Based Epidemics. More information can be found at http://www.cdc.gov/epo/dphsi/syndromic/websites.htm

Installation Management Agency (IMA) – The IMA was established as part of Army transformation initiatives. The management of installations Army-wide are now under one umbrella in order to more efficiently promote optimal care and support of Soldiers and families. More information can be found at http://www.army.mil/aps/2003/realizing/readiness/installations/trans_inst.html

MHS Portal The Military Healthcare System Population Health Portal was developed to meet the Services' request for actionable information for Population Health and Medical Management. Championed by the Population Health and Medical Management (PHMM) Division at the TRICARE Management Activity in collaboration with the Air Force Population Health Support Division in San Antonio and Service partners. More information on the MHS Portal is available from:

Population Health and Medical Management Division
Office of the Chief Medical Officer, TRICARE Management Activity,
5111 Leesburg Pike, Suite 810, Falls Church, VA 22041
703.681.0064, DSN 761.0064, FAX 703.681.1242
https://pophealth.afms.mil/tsphp/login/login.cfm)

NIDSEC The Nursing Information & Data Set Evaluation Center established by the American Nurses Association to develop and disseminate standards pertaining to information systems supporting nursing practice; and to evaluate systems, on a voluntary basis, against the standards. More information is available at http://www.ana.org/nidsec/.

PHIN The Public Health Information Network was established by the Centers for Disease control to advance interoperable and fully capable information systems that participate in public health. More information is available at http://www.cdc.gov/phin/index.html.

Personal Health Services Delivery Targeted health services, and referral services to primary care, specialty care, hospital care, emergency care, and rehabilitative care. Personal health services may include health promotion and health education services that are delivered on an individual basis.

Problem-Knowledge Couplers (PKC) The PKC are medical software products.

SPSS The Statistical Package for the Social Sciences is a software package that was developed by University of Chicago and National Opinion Research Center to assist researchers in the analysis of social science data.

Disease and Nonbattle Injury (DNBI) - An accident or injury that is not the direct result of hostile action by or against an organized enemy. This includes injuries due to the elements, self-inflicted wounds, and in most cases, wounds or death inflicted by a friendly force while the

individual is absent without leave or in a dropped-from-rolls status or is voluntarily absent from a place of duty. It includes all injuries during peacetime.

DFAC – Dining Facility

HART-R Health Assessment Review Tool w/Readiness

ICDB Integrated Clinical Database

MOU/MOA – Memorandum of Understanding/ Memorandum of Agreement

Tar Wars is a tobacco-free health education program that is owned and supported by the American Academy of Family Physicians. More information on Tar Wars can be found at http://www.ncafp.com/tarwars/